	STATE C	F MARYLAND—	CERTIFICATE OF DEATH	03323
1. PLACE OF	F DEATH		92-4	
County	ashington	INITE A.	Registration Dist. No.	302
Village or C	1 1 1 1 1 1 1	WI	No. Washington Co. Hospital	3 Ward
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of resid	dence in city or town where	death occurredyrsmos	ds. How long in U.S. if oI foreign birth?yrs	mosds.
2. FULL NA	ME Keller	E Banzhof	If U. S. Veteran, specify WAR	
(a) Residen	ce: No. ATL1721	(Usual place of abode)	Ward. If nonresident give city or town as	od State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
% sex	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day)	
5a. If married, widow HUSBAND of				
(or) WIFE of	Francis Mo	Caulley	22. I HEREBY CERTIFY, That I attende	deceased from
C DATE OF BIRTH	month, day, and year) Nov	7 1001	I last saw h Assa elive on 3 1936	19.1.1.
7. AGE Year		Days If LESS than	to have occurred on the date stated above, at 14:55 mm	1_; death is said
32	4	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence	
_   .8. Trade, profes	sion, or particular	ormin.	were as follows:	Date of onset
NOTE A SAWYER, Work wes SAW MIL 10. Date decay	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	chanic Tannery	Constant Wint Friller	7-1-37
A Industry or I	husiness in which	1,100	- Congrature - Constitute - Con	
SAW MIL				
- 1 1113 0000	ed last worked at petion (month end	11. Total time (years) spent in this 1 occupation		
year)		illiamsport Md.	Other Contributory Causes of Importence:	
12. BIRTHPLACE (cit (State or coun	y or town)	and the state of t		
			taluntar Heart phones	1435
Ξ	3.7	- 4(\$		
14. BIRTHPLACE		rton Co. Mo.	Name of operation	
			What test confirmed diagnosis? Wes there an	
I		Lijamanurt	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the Iollowin	
O 16. BIRTHPLACE  (State or	(city or town)	incton to. Mc.	Accident, suicide, or homicide? Date of Injury	, 19
T	Fred Bunzho	ť	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	T ( ) A MITELLE		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE,
18. BURIAL, CREMATE	IN OF REMOVALUL	Tem.	Manner of Injury	
Place 11	liansport.M	G Dete March18,1937	Nature of injury	
10 HUDGOTANGE S	Switte 10.	Poul.	24. Was disease or injury in any way related to occupation of deceased?	Men
19. UNDERTAKER _ ((Address)	2 am	hants Md-	If so, specify \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3-1-	7- 37	Durelt 2 miles	(Signed)	
20, FILED		1.11/1000		Cal Man

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# should state item of infor-Exact statement of OCCUPA. PHYSICIANS IS A PERMANENT RE stated EXACTLY. properly classified. See instructions on back of certificate. MARGIN RESERVED , WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

B

FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			102
County Village or Length of re	Washing City 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ectour		Registration Dist. No.  No. Washington to State St., 3 Ward death occurred in a horpitation institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NA	Mr Presto	n Eugen	e Barnhar	t 1641 S. Veteran aposity WAR
(a) Reside	Danad	fording	122,	St., Ward.  If nonresident give city or town and State
PERSOI	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White	s. SINGLE, MAR OR DIVORCE Sing	RRIED, WIDOWED, D (write the word) 16	21. DATE OF DEATH  March  (Month)  (Oay)  (Year)
5a. If married, wido HUSBANO of (or) WIFE of				22 HEREBY CERTIFY. That I attended deceased from 1931, to March Http://www.1931
7. AGE Ye	(month, day, and year) Sears Months	ptember Days 22	10, 1923  If LESS than 1 day,hrs. ormin.	i last saw h
9. Industry or work w SAW M 10. Date decea this occ	ession, or particular work done, as SPINNER, R, BOOKKEPPER, etc business In which as done, as SILK MILL, LLL, BANK, etc sed last worked at upation (month and	sp:	time (years) ant in this upation	Sobor puninoma 2-14-3
12. BIRTHPLACE (C) (State or co	untry) Marylan	gton Co		Other Contributory Causes of Importance:
	Bernard Bar (city or town) Fran Pen		unty Ia	Name of operation Oate of What test confirmed diagnosis? What test confirmed diagnosis?
	F (city or town) Wash	rderman ington ryland		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Bernard Barnhart (Address) Broadfording				(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
	tion, or REMOVAL roadfording	Date Mar	ch 7,1937	Manner of Injury
19. UNDERTAKER _ (Address)	Snyder-Rowl Clearspr	and	3	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO	193 LAM	GITTI	Registrar.	(Address) 127 W. W arling to ST.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenterius	1 year	
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County Village or	Washington City Hagersto	#-64m4T-0-69		Registration Dist. No.	So Z Ward
			(1	death occurred in a hospital or institution, give its NAME instead of street	and number)
				ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NA  (a) Reside	ME Maria El nce: No. Ridgew	izabeth ay, Va.		St., Ward.  If to S. Veteran, specify WAR	V.
PERSON	NAL AND STATIST		And the second s	MEDICAL CERTIFICATE OF DEAT	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH March 26	, 193. 7
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced Widow of	Benj Ben	nett.	22. HEREBY CERTIFY, That I are March 12, 1937, to March	
6. DATE OF BIRTH	(month, day, and year)	January	9, 1850.		3.7; death is said
7. AGE Ye	7 Months	Days 17	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profe kind of SAWYER	ession, or particular work done, as SPINNER, ] R, BOOKKEEPER, etc	Retired.		<i>D</i> • · · ·	Date of onset
kind of SAWYER 9. Industry or work we SAW MI 10. Date decess	business In which as done, as SILK MILL, ILL, BANK, etc	••••••	************	Bronche- pneumonia	3/23/3
- 1113 0001	sed last worked at upation (month and	Sp6	time (years) ent in this upation		
12. BIRTHPLACE (c	ity or town) Berk	ley Coun	ity,	Other Contributory Causes of Importance:	3/17/2
13. NAME	Arron Grim	•		Colorary Jungoestitis	-/!4/3
(State o	E (city or town) r country)	W. Va.		Name of operation Date What test confirmed diagnosis? Was there	~
15. MAIOEN NA	AME - CI	unningha	m.	23. If death was due to external causes (VIOLENCE) fill In also the follow	owing:
	E (city or town)	Va•		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT (Address)	Mrs Howard Hagerstown	Shope		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d Stale) C PLACE.
18. BURIAL, CREMA R10 Place	Tion, or REMOVAL geway, Va.	Date Mar	ch 28, 3'	Manner of injury	g
19. UNDERTAKER	Fred W. I		1	24. Was disease or injury in any way related to occupation of decease.  If so, specify	R No
20, FILED 3	-1-,19 7/L	realf	Pocces Registrar.	(Signed) Address) Assistant Assistant	Sud M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DESCRIPTION OF THE PROPERTY OF	1915	Attack of cpilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1937	July 5,1927	Peritonitis	3 days ago
1	- 03.U V. S.			
Other contributory	causes of importance:	-	Other contributory causes of importance:	Fire
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE RLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.					
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS Is mation should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be pr TION is very important. See instructions on back of ce		S A PERMANENT RECORD. Every item of infor-	tated EXACTLY. PHYSICIANS should state	roperly classified. Exact statement of OCCUPA-	rtificate.
N. B.—WRITE RLAIMLY, WITH UNFADING INK—THI mation should be carefully supplied. AGE should b CAUSE OF DEATH in plain terms, so that it may b TION is very important. See instructions on back o	`	2	9	e	f c
		N. BWRITE PLAINLY, WITH UNFADING INK-THI	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 033332
1. PLACE OF DEATH	93-0
County W ashington	Registration Dist. No.
Village or City	No. 136 E. Frankling B Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME Stany M. Done	If U. S. Veteran, specify WAR.
(a) Residence: No. 1360 E. + rankles	St., 4 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	if nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED,	21. DATE OF DEATH
Forme Po 12 for to OR DIVORCED (write the word)	3 - 24 - 1937
5a. If merried widowed or divorced	(Month) (Oay) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Co. A. Co.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) DRC. 27-1848	i lest saw have elive on New 2/ 1937 : death is seid
7. AGE Yeers Months Oeys If LESS than	to heve occurred on the date steted above, et 6/15 m.
87 2 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were es follows: Date oloneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and	myocarbial Figureration 1 yas.
9. Industry or business in which work was done, as SILK MIII.	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
O 10. Oate deceased last worked et this occupation (month and yeer) occupation	
4	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Henry Phaemer  14. BIRTHPLACE (city or town)	
[Stete or country]	Neme of operation Dete of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. Il death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND AND TO STAND AND CARDON AND AND AND AND AND AND AND AND AND AN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place II a grant out Oete	Neture of injury
19. UNDERTAKER 6. M. Suiter & Sons	24. Was diseese or injury in any way related to occupetion of deceesed?
(Address) Hagefloury, md.	If so, specily
20, FILED 3 - 26-1939 May 130000	(Signed) M.O.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A57 G 1937			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
The second secon			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

ARGIN RESERVED

S. No. 1

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

24. Wes diseese or injury in any

way related to occupetion of deceased?

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	item of infor-	s should state	of OCCUPA-	1
•	I RECAID. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLA. LY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is yery important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLA LY,	mation should be care	CAUSE OF DEATH i	TION is very importa

STATE OF MARYLAND—  1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Washington	Registration Dist. No. 30 2
Village or City Runkstown,	No. Mt. Etna Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred5yrsmos	ds. How long in U. S. if of foreign birth?yrsds
2. FULL NAME Vera Ann Bussard	
(a) Residence: No. Funks town, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH  March 18 , 193 7 (Month) (Day) (Yeer)
a. If married, widowed, or divorced HUSBAND of George Bussard	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BIRTH (month, dey, and yeer) October 12, 1380	1 lest saw her elive on Ther. 18 ,1937; deeth is sein
AGE Yeers Months Days If LESS than I day,hrs.	to heve occurred on the dete steted above, at 11:00 A  The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:  Date of onset
kind of work done, as SPINNER, Home Work  SAWYER, BOOKKEFPER, etc. Home Work  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc. III. Total time (years) spent in this yeer)	Cerebral Gernorrage man.
2. BIRTHPLACE (city or town) Clearspring, Md. (State or country)	Other Comeributory Causes of Importence:
13. NAME Charles D. Kneffet Knepper	1
13. NAME Charles D. Kneffes Knepper  14. BIRTHPLACE (city or town) Washington Co. Md.  (Stete or country)	Neme of operation Date of Was there en europsy?
15. MAIDEN NAME Anna E. Miller	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Washington Co.Md, (State or country)	Accident, suicide, or homicide?
7. INFORMANT George Bussard (Address) Mt. Line Road, Funkstown, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
77	Nature of Injury
Plece Hagerstown, Nd. Dete March 20 ., 19.37	
9. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Md.	24. Was disease or injury In any way releted to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis 2007	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
COLEAN V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NLY, WATH UNFADING INK-THIS IS A PERMANENT KE MARGIN RESERVED FOR BINDING N. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH #33335
1. PLACE OF DEATH	(9)
County Washington	Registration Dist. No. 300
Village of City S MACON S	No. St. Ward
Length of residence in city or town where death occurred yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Tillorn Cant	uld'
(a) Residence: No. S. Navos bura Lud	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 1 3 / 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) MCh. 71, 1957.	I last sew h aliva on figure 19 deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at D. J.D., m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1-11 01 00
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Distilled mater.
NO STATES, POTESSION, OF PARTICULAR KIND OF WORK MORE, AS SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Dala daceased last worked at this occupation (month and this occupation (month an	marwal delum
this occupation (month and spent in this year)	1-1/9
1026011 111	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	nd,
13. NAME Karry N. Partiella /	
13. NAME HAVE N. Parfield 1. Harris 14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	Nama of operation Date of What lest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / wear h. Brun.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME JULY M. BRUM.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Whera did injury occur?
17. INFORMANT Jary A Confield, (Address) human	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shupshuy led Data Web 31, 193	Nature of Injury
19. UNDERTAKER A College (Address)	24. Was disease or injury in any way related to occupation of daceased?
1/1 - 25	(Signad)/Nathry K. Shear M. M. D.
20. FILED Hay! 3(, 193/ Registrar.	(Address) Lunfushmu Ind 7
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Annual control of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03336
County Of ashing low	Registration Dist. No. 304
Village or City	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or own where death occurredyrs,m	osds. 90w long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEO duras & Board	216 Casts Veteral, specify WAR
(a) Residence: Nothing Mar lanca (	ochary
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OND DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If finarried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
(or) were or	Mar. 9 1937, to March 9 1937
6. DATE OF BIRTH (month, day, and year) 107 / 28 . / 86	I last saw h alive on Mar. 9 19.37; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, atm.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day,hrs ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as to lows:
8. Trade, profession, or particuler kind of work done, es SPINNER, PANMEN.	Cerebral Ceperfeligy 3-7:3
SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation from the spent in this	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	My hertessand
(State or country) fruith man,	
13. NAME TO UNE M COGNUEN.	1
14 BIRTHPLACE (city or fower full pers form mi	Name of operation Will Date of
- (State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME OAJOHNE MYERS  16. BIRTHPLACE (city or town) Office (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND AUGUST THE CARREST CONTROL OF THE CARREST CONTROL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL Hash to 3.19	Menner of injury
Place ffff Dolland My Date	Nature of injury
19. UNDERTAKER STEELS CICLO	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Januesci mi	If so, specify
20. FILED 3-9, 107 19 Jeulius	(Signed) M, D,
Registrar.	(Address) Laguerte M.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH #3333
1. PLACE OF DEATH	(3)
county / ashing low;	Registration Dist. No. 304
Village or City Haucoclo F7	St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES avid It. Coalis	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(a) Residence, No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DE RACE 5. SINGLE, MARRIED, WIDOWED (Write the worth)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowether diporced HUSBAND of Or) WIFE of ANY	22. I HEREBY CERTIFY. That I attended deceased from Whatch 18 1937 to Whatch 2019 3
6. DATE OF BIRTH (month, day, and year) Land 4 /857	I last saw h & alive on 2000 2000 2000 19. 5.
7. AGE Years Many by Days If LESS than	to have occurred on the date stated above, at 9 30 m.
80 1 20 1/16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNERS Lecuter SAWYER, BOOKKEEPER OF THE SAWYER, BOOKKEEPER OF	1. attisis columbia gangran 12-1-3
kind of work done, as SPINITE LEWIS SAWYER, BOOKKEEPER & LEWIS SAWYER, BOOK	2. Uremia
work was done, as SILK MILL Leuers.	
SAW MILL, BANK, etc	
yeer) occupation occupation	Other Coatributory Causes of importance;
12. BIRTHPLACE (city or town) Journal (State or country)	
H Contract C	71-71
14. BIRTHPLACE (city or town) Selfond To	What test confirmed diagnosis? Was there en eutopsy?
# 15. MAIDEN NOMELIZABETTY Matche.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of Jung)	Accident, suicide, or homicide? Date of injury19
State or country	Where did injury occur?
17. INFORMANTAL ACTOR STATES (Address) Faces Cl Co	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR SEMOVAL 2 2 73	Manner of injury
Place MA Date 1 183/	Nature of injury
19. UNDERTAKE JEJEUNCOUS	24. Was disease or injury in any way related to occupation of deceased?
(Address) Alundotto med	If so, specify
20. FILED 1 20 , 13 1 G Secel Curs	(Signed) M.D. M.D.
Registrar.	(Address) Aumono, Mul.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Dr. Wade

V. S. No. 1

20. FILED March - 16 ... 1927

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Coashington	Registration Dist. Np. 305
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 13 yrs mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME CU Illiam Sir Cost	If U.S. Veteran, specify WAR
(a) Residence: No. Bound (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 15.4 193 7
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Single	22. New 15" 1937 to Mar 15" 1937
6. DATE OF BIRTH (month, day, and yeer) 3 annuary -5 - 1865	Hast saw h alive on Acad Oce armond Teath is said
7. AGE Years Months Days If LESS then	to have occurred on the dete stated ebove, et
72 2 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related courses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Circles Lewtonag 3/18/57
9, Industry or business in which	
SAW MILL, BANK, etc. Upan I Lamera and	
10. Date deceased lest worked et this occupetion (month end spent in this	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 3 0 000	
(State or country) wash. co. md.	
13. NAME Clias Cost	
4 14. BIRTHPLACE (city or town). Myerselle.	Name of operation Date of
(State or country) Tred.) Co. md.	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Dugamah J. miller	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Wash (. Co. md.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Common Kate Crat (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Plece Dorland Ma. Dete March 171, 19.37	Nature of Injury
19. UNDERTAKER U. A. I Dast & Soy (Address)	24. Wes disease or injury In any way related to occupetion of deceased?
10 -00 Mayor Mayor	II su, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
PARAME V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.- TION is very important. See instructions on back of certificate.

i		OF MARYLAND-	CERTIFICATE OF DEATH	3339
	1. PLACE OF DEATH		Registration Dist. No. 3 d	2
	County Washingto			<u> </u>
	Village or City Pectonvi	/	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
			r death occurred in a hospital or institution, give its NAME instead of street and nuits.  ds. How long in U.S. If of foreign birth?	ds.
			11y If U. S. Veteran, specify WAR	
	(a) Residence: No. Pect	nnville, Md. (Usnalplace of abode)	St., Ward.  If nonresident give city or town and St	iate
-	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3.	Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wnice the word)	21. DATE OF DEATH March 26, (Month) (Day)	193
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.7 I HEREBY CERTIFY. That I attended do	
6.	DATE OF BIRTH (month, day, and year)	Jan. 3, 1937.	Hast saw ham alive on Mas ch 23 1937.	death is said
	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5:35P m.	
	0 2	23   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	Date of enset
ION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Infant Child	Dron chiat polymone	1
PAT	9. Industry or business In which work was done, as SILK MILL.			
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spant in this occupation		
12	2. BIRTHPLACE (city or town) Pect (State or country) Md	onville	Other Contributory Caused of Importance:	1
ER	1		7	
FATH	14. BIRTHPLACE (city or town) Was		Neme of operation	
ER			What test confirmed diagnosis?	opsy?
MOTHER	16. BIRTHPLACE (city or town)Wa.s (State or country)	hington County	Accident, suicide, or homicide? Oate of Injury  Where did injury occur?	, 19
17	7.INFORMANT Harry Cril (Address) Pectonvil	ly le. Nd.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18	B. BURIAL, CREMATION, OR REMOVAL Place Park Head, Md		Menner of Injury	
19	9. UNOERTAKER Snyder-Rowl (Address) <b>U</b> learsprin		24. Was disease or injury in any way related to occupation of deceased?	9
20	D. FILED Macle 28, 19. 3. 7	1 W. Muray	(Signed)	AM. E

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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6. I

OCCUPATION

FATHER

MOTHER

(State or country)

15. MAIDEN NAME

17. INFORMANT .... (Address)

18. BURIAL, CREMATION, OR

19. UNDERTAKER

(State or country)

16. BIRTHPLACE (city or town)
(State or country)

item of infor-

should state

STATE C	F MARYLAND-	CERTIFICATE (	OF DEA	TH U	3340
PLACE OF DEATH					
· V	him of the	(131)		211	
County 1 as	The state of the s		Registration [	Dist. No. 316	
Village or City	viers na	• ND.		St.,	Ward
Langth of rasidanca in city or town whare	10 mg	death occurred in a hospital or institut			
	death deather with the same of		i toteign bittit:	yts	HU3u3.
FULL NAME JOHN	- a Grow	86			
(a) Residence: No.		St., Ward.			
V	(Usual place of abode)		If nonresident g	rive city or town an	d State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
EX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (raggice the word)	21. DATE OF DEATH	3	20	102 7
are line	Marriad		(Month)	(Day)	(Year)
HUSBANO of (or) WIFE of	La Corrise	22. I HEREBY	CERTIFY	/. That I attended	d deceased from
351010000	700000		19, to		, 19
ATE OF BIRTH (month, day, and year)	4= 6 = 18/1	I last saw h aliva on		19	; death is said
GE Yaars Months	Oays If LESS than	to have occurred on the date state	d above, at 6	Q≤m.	
66 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H end related cause	s of Importance	,
8. Trada, profession, or particular	00	word as follows.			Date of one ot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	artrales	Urages	24 00		
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					
10. Oata deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation				

(Specify city or town, county and State)
Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

24. Was disease or injury in environment and related to occupation of decaasad?

(Signed) W. War (Address) Boonstood

Registrat

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial dephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH #3341
1. PLACE OF DEATH	(19)
county Washington	Registration Dist. No. 302
Village or City HQ Q V V S to LLY	No.Vyash Co Hosp. Pal St. 3 Ward
/ (IF	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
	111 1111111111
2. FULL NAME TOUE Dauss.	If U. S. Veteran, specify WAR
(a) Residence: No. +15 - raanore	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5e. II merried, widowed, or divorced HUSBAND of	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
m. 22-1691	2 el 24, 1937, to May 3, 1937
6. DATE OF BIRTH (month, day, and year) 7 2 1876  7. AGE Years Months Days If LESS than	I last saw h alive on
3 0 0 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
STrede, profession, or particular	were as follows:  Date of onset 2124/3
kind of work done, as SPINNER, taky of many -	70/0000
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	-
this occupation (month and year) Leta 425-1931 spent in this occupation 10 475	
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Martins our G	
# 13. NAME Davis -	
14. BIRTHPLACE (city or town) Martin	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and low or 1 low line of the low	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Marlushus	Accident, suicide, or homicide? Date of injury, 19
(State or country) W. Va.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT YS Lola Davis -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Many. Cur. Wd Date Man 1937	Manner of injury
	Neture of injury in any way related to accuration of decased?
19. UNDERTAKER A. V. C. O. S. S. C.	24. Was disease or injury in any way related to occupation of deceased?
3 3- 37 /0401HB	(Signed) Hoborterfield M.D.
2D. FILED 2 19 19 10 00000	13/11/10 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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PHYSICIANS should state A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING certificate. IS TARGIN RESERVED UNFADING INK-THIS Jo AGE should be pe CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important. -WRITE PLAINLY, 8 ż

V. S. No. 1

1. PLACE OF DEATH	- O
County was Luglan	Registration Dist. No. 302
ALL SALE SERVICE STREET STREET SERVICE	112md 115m Performer Sturies
Village or City	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bakes Gent Dures	If t. S. Veteran, specify WAR_
(a) Residence: No//5 %, Retorner	Ward.
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE / 5. SINGLE, MARRIED, WIDOWEL	
Terrise OR DIVORCED (wrighthe word	, 193
5a It married widowed or divorced	(Month) (Day) (Year)
5a. It marriad, widowad, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That   attended deceased from
All lions	Atellhours to 19
E DATE OF BIRTH (month day and was) 777 1937	I lest saw h alive on
6. DATE OF BIRTH (month, day, end year) 77. AGE Years Months Days If LESS tha	
1 A- 110 I day,	The state of the s
While or or or min.	wera as tollows:
8. Trade, profession, or particular kind of work done as SPINNED	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	thus in where 3/2/3;
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
- I me accapation (mouth and 20 and 111 fill 2	
yaar) occupation	Other Contributery Causes of Importance:
12. BIRTHPLACE (city or town) I alle Alle TOUNG	Other Coad Dates of Amportance.
(State or country)	
13. NAME then Edmand Sanco	
13. NAME John Edmand Jarco  14. BIRTHPLACE (city or town) Lulquouse Va	None
(Stata or country)	Name of operation
- Allegan	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME ENGLISHED IN THE STATE OF CONTROL OF CO	23. If death was due to external causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) M. Carrellanger	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did Injury occur?
17, INFORMANT Exclusion 5: Warner	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
(Address)	The state of the s
18. BURIAL, CREMATION, OR REMOVAE	Mannar of Injury
Place the acraf Durilland 19.	31
7 17/1/12	Nature of Injury
19. UNDERTAKER Seld Al. Start	24. Wes disaase or Injury in any way related to occupation of deceased?
(Addrass) Magenetowny Ma	If so, specity
20. FILEO 3- 37 1937 Court / Sou	e (Signad) H. / Tolero Mells MrD
Registrat	(Address) 115 n. Polomes X

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			V

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1 B ż

state

STATE OF MARYLAND	CERTIFICATE OF DEATH 100343
1. PLACE OF DEATH	(67)
County Chashington	Registration Dist. No. 3 0 5
Village or City Boursbow	NDSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 33 yrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME & oward Benton h	) oyle . If U. S. Volumin, speed, MAR
(a) Residence: No. Bourstone Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Darry Doyle	
6. DATE OF BIRTH (month, day, and year) Sestember 9. 1877	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
Kind of work done, as SPINNER,   Farmers   SAWYER, BDDKKEEPER, etc.   Farmers   SAWYER,	
9. Industry or business in which	y you are got some and some your
work was done, as SILK MILL, and Fruit grown	
10. Date deceased last worked at this occupation (mgnth and spent in this	
year)	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 13 and 15	000 CENT
(State or country) Wash, Co. Md.	
14. BIRTHPLACE (city or town), Bearin Creek	
14. BIRTHPLACE (city or town) Bearin Creek	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cucinda Muses  16. BIRTHPLACE (city or town) Boomeles  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Books of	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Wash, Co. md.	Where dld Injury occur?
17. INFORMANT Mrs. Daisy Doyle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bouston and	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Plante Plante 6, 1937	Nature of injury
19. UNDERTAKER TOWA FOR SOLL YS OX	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bornston M.	If so, specify A - A A TAL Armed
20 FILED March 6. 1937 Cillians Bad	(Signed) La MIVI D. to Unagane M.
Registrar.	(Address) Boushard Trad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

# mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTII	FICATE O	F DEATH
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0334

1. PLACE OF DEATH)	(62)
County Washington	Registration Dist. No. 301
Village way Willes ausport Mo	No. St Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
n , A 10	
2. FULL NAME/ Seward riggere Dunt	ham If U. S. Veteran, specify WAR
(a) Residence: No. William July (Usual place of abode)	CSt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE OR DIVORCED (2012 the word) OR DIVORCED (2012 the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from IJ 1937 to May 17 1937
6. DATE OF BIRTH (month, day, and year) March 45-1937	I last sew huis alive on Mass 16, 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Mate as fullows.  Date of onset
SAWYER, BOOKKEEPER, etc	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Golen foramen ovale
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importanca;
12. BIRTHPLACE (city or town) Williams port, nd	Other Commissiony Cases of Importance.
(State or country)	
14. BIRTHPLACE (city of town) Selecus surg	
(Stela or county)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E JAN DI TO TO A TO THE TOTAL TO THE TANK THE TA	23. If death was due to external causes (VIOLENCE) fill in elso the following:
State or country) Ur and len 1111	Accident, suicide, or homicide?
Source Malat	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
17. INFORMANT Western Market Market Maddenss) Urslucus from Market Marke	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place River new Cerus, Data March 1, 1931	Nature of injury
19. UNDERTAKER Colly V' Leaf	24. Was disease or Injury in any way related to occupation of deceased?
(Address) williams put Mel	If so, specify
20. FILED BRAN 1 1937 6 to Voickard	(Signed) X (Color M.D.
Registrar.	(Address / Collaborated Inst

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NEAU V.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentèritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PI	LACE OF DEA	TH			(13)
C	county Was	shington			Registration Dist. No. 301
	rillage or esty			Ω (II	No. 1553180 UTY St. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
				No. 200 200	
	ULL NAME( a) Residence: No.	15 Sal	scury W:	illiamspo	If U. S. Veteran, specify WAR
			(Usual place o		If nonresident give city or town and State
	PERSONAL AI		ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		or or race	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH  March (Day) (193 7 (Yahr)
HUS	BAND of BUTTE OF BUTT	orced iza Jane	Fitz		22. 1 HEREBY CERTIFY, That I attended decaasad from
6. DATE	OF BIRTH (month, da	av. and year) A	ug.	1808	I last saw h is aliva on 2 - 2 - 3 - 19 ; death is sale
7. AGE	Years	Months 7	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated abova, at
9.1 10. 12. BIRT	Trade, profassion, or kind of work done SAWYER, BOOKKE Industry or businass I work was done, as SAW MILL, BANK, Data deceasad last withis occupation (myear)	n which SILK MILL, etc	11. Total tip spen occu	iques ne (yaars) tin this pation	Other Contributory Causes of Importanca:
œ   13, f	NAME John	Dunn			mones Intersultary) 140-400 - 1/30
13. F	BIRTHPLACE (city or to (State or country)	own)S	epherds	town W.	Name of operation
요 15. M	MAIDEN NAME	Dont K	now	areally, each	23. If death was due to external causas (VIOLENCE) fill In also the following:
15. M	BIRTHPLACE (city or t	own)Do	nt KNow		Accident, suicide, or homicide? Date of injury, 19
17. INFO	(State or country)  RMANT	ry-quas	e		Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	AL, CREMATION, OR		Chale Marc	ah4,193.7.	Mannar of injury
	Baltin ERTAKER Codil Addrass)	Worlf.	heal-	tyl Hed	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	Maris.		6. Rice	tara Registrar.	(Signed) . Garage Jan Mo. M. E. (Address) . Garage Jan Mo. C.
		If more	blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATEMENTS	

V. S. No. 1

ż

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	03346
County Washington			3021
Village or City Hagerstow	irs of		
	(1	f death accurred in a hospital or institution give its NAME instead of street	and number)
		sds. How long In U.S. if of foralgn birth?yrs	
		nnell If U. S. Veteran, specify WAR	****
(a) Residence: No. 308 S. I	ocust Street	St., 3 Ward.	10
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
Female White	OR DIVORCED (write the word)	March 13.	, 193_7_9 (Year)
a. If married, widowed, or divorced HUSBANO of Thomas Fen	mell	22.   I HEREBY CERTIFY, That latter	ded deceased from
(or) WIFE of THOMAS FED	merr	Jan. 19 1937 to Monch	
DATE OF BIRTH (month, day, and year)	iknown- 1856	1 last saw h av elive on March 11, 195	32; death is said
. AGE Years Months	Deys If LESS than	to have occurred on the date steted above, at _6_100_m.	
80	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Home SAWYER, BOOKKEEPER, etc	le Work  11. Total time (years) spant in this		1-19-
year) Unknown Unknown		Other Contributory Causes on importance:	1-19-
(State or country) Irela	nd	Chrone all Replacing	1-19-3
13. NAME Hugh Clark		allerosalerosa.	1-14-0
13. NAME Hugh Clark 14. BIRTHPLACE (city or town) Unknw (Stata or country) Irela		Name of operation None Oate Whet test confirmed diagnosis? Dan both Was there	of an au'opsy? ku
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) UNKNOW  (State or country)		23. If death was dua to external causes (VIOLENCE) fill in also the folio	wing:
16. BIRTHPLACE (city or town) Unknow		Accident, suicide, or homicide?Dete of Injury	, 19
(State or country) Irela	na	Where did injury occur? (Specify city or town, county and	(S.I.)
7. INFORMANT Mrs. Walter B (Address) Hagerstown. M		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. Burial, cremation, or removal Place Bellefonte, Pa.		Manner of injury	
19. UNDERTAKER Fred W. Krai (Addless) Hagerstown.		24. Wes disease or injury In any wey related to occupation of deceased  If so, specify	, 200
20. FILED 3 - 13 1937 6/h	4Howers	(Signed) W. Nounce Congression	м. D

Registrar.

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Chronic interstitial nephritis ADD 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 m ż

STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEAT	T
JIAIL	Oi	MANIE	AIV.	CENTIL			DLA	

1. PLACE O		OF MARYLAND—	-CERTIFICATE OF DEATH USBAT
County	Washington	3516	1500 Toleran Registration Dist. No. 302
Village or (	City Hazersto	wn	No. Virginia Avenue St., Ward fdeath occurred in a horpital or institution, give its NAME instead of street and number)
Langth of ras	sidenca in cily or town whara	death occurredyrsmos	sds. How long In U. S. If of foreign birth?yrsmosds
2. FULL NA	ME Aloysiu	s Finz	If U. S. Veteran, specify WAR
(a) Resider	nce: No. 13 Roe	ssner Avenue (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write tha word)			21. DATE OF DEATH  March 8, 1937.  (Month) (Day) (Yaar)
5a. If married, widov HUSBAND of (or) WIFE of	wad, or divorced Anna P.	Finz	22. I HEREBY CERTIFY, That I attandad decessad from
C DATE OF BIRTH	(month, day, and year)	Inknown 1879	
	ars Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, atm.
kind of work done, as SPINNER, Architect  SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaased last worked at this occupation (month and yaar)  yaar)  11. Total tima (yaars) spent in this occupation			Othar Contributory Causes of importanca:
12. BIRTHPLACE (ci	ity or town) Willi	amsport	Other Consistery Cases of Importance.
13. NAME J	oseph A. Fi	nz	
	L (city or town)	nown ermany	Nama of operation Data of Data of What test confirmed diagnosls? Was thara an autopsy?
15. MAIDEN NA		Bishop	23. If daath was dua to external causes (VIGL ENCE) fill in also tha following:
16. BIRTHPLACE	E (city or town) Unk	nown	Accidant, sulcida, or homicida (Accident Date of Injury Mar. 8., 1937) Where did injury occurs Halfway md
17. INFORMANT Mrs. Anna P. Finz (Address) Hagertown, Md.			Y(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Mar. 11, 19 37			Manner of Injury antamobile Nature of Injury Broken nucle
19. UNDERTAKER Fred W. Kraiss, (Addrass) Hagerstown, Md.			24. Was disaase of injury in any way related to occupation of deceased?
20. FILED . 3	10-1937	Kartt Zowe	(Signad) John R. Dumm.

(Apdress)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	for-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
(M)	of ir	ld s	CCD	
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	y it	S	t of	
	ver	IAN	men	
	D. F	SIC	tate	
4	20	HY	t si	
	REC	-	Exac	
	L	LY.	-	
NG	NE	LO	ified	
<u>S</u>	MA	VY	lass	
BII	ER	E	y c	te.
R	Y	ted	per	ifica
F	IS	sta	pro	cert
HARGIN RESERVED FOR BINDING	HIS	be	be	Jo :
RV	T	pluo	may	back
SE	INK	sh	it	on
RE	J.	AGE	thai	suo
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RG	VFA	pliec	rms,	nstr
IIA	D	dns	n te	ee i
	E	Ily	plain	SO.
	M	refu	in	tant
0	ILY,	e ca	TH	por
(3)	E	q p	DE	y im
	PL	houl	OF	ver
(T	ITE	s uc	SE	TION is very important. See instructions on back of certificate.
100	WR	latic	AU	VOI.
No. 1	8	n	0	I
N.	Z			
W.S. No. 1	N. B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	٨٠	4	
1-0-1	7.4	-		15

1. PLACE OF DEATH	
T. PLACE OF DEATH	To DEATH
county VI a shington	Registration Dist. No. 302
Village or City Quarross -	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Florence V. France	If U. S. Veteran, specify WAR
(a) Residence: No. Ceay Sos md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Marria (	21. DATE OF DEATH March 2 6 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis E.	22. 3/25 I HEREBY CERTIFY That I attended deceased from 1937, to 3/26 , 1937
6. DATE OF BIRTH (month, day, and year) 1877, Let. 14	I last sew her alive on 3/26, 1937; death is said
7. AGE Years Months Days If LESS than 1 dey,hr	to have occurred on the date stated above, at 9 2 m.
60   7   ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDDKKEPER, etc.	Septi Son Threat 3/19/3.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this second in this s	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation to year)	
12. BIRTHPLACE (city or town) New ville (State or country)	Other Centributory Causes of Importance:
13. NAME Lazarus W: 11son	
13. NAME Lazarus Willson  14. BIRTHPLACE (city of town) Name ille  (State or country)  Pa	Name of operation 70071 Date of Whet test confirmed diagnosis? Cluster Was there an autopsy? No
E 15. MAIDEN NAME Mary Royer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). There is the	Accident, suicide, or homicide? Date of injury, 19
(State or country)  17. INFORMANT Lewis E France (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVACACULAR PIECE Scale Wet church Date May 29, 193	Manner of Injury
19. UNDERTAKER A.K. Co Strace (Address) Hagey Stown Wed	24. Was disease or injury In any way related to occupation of deceased? No.
20. FILED March 27, 1937 Janet M. niswander Seputy Registrar.	(Signed) July and M. (Address) 70 WWang Fa Hagautin M. (Address) 70 WWang Fa Hagautin M. (In 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
-1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		- Set (Car   1)
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENT	SB	Y PHYSICIAN
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A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(N-2)
a of ould	County Washington	Registration Dist. No. 302
item of should of OCC	Village or City agricon -	No. 204 Fairground ale St., 4 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
Every CIANS ement	2. FULL NAME Mary Same 740	ton HI S Voteran, specify WAR
RD. Every YSICIANS statement	(a) Residence: No. Has destroy my	St., H Ward,
	(Usual place of abode) 204	Fourgond and If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Y.	OR DIVORCED (write the word)	3 - 0 193
NG TI TI	'5e. If married, widowed, or divorced	(Month) (Oay) (Yyar)
BINDING ERMANER EXACT y classified te.	HUSBAND OF Pavid 7 ulton	22.   HEREBY CERTIFY, That   attended deceased from
	6. DATE OF BIRTH (month, day, and year) Mass 7- 1844	I last saw h 3-/U-3) 19 death is said
Pl Pl	7. AGE Years Months Pays If LESS than	to heve occurred on the date stated above, at.
FOR BI IS A PE stated E properly	92 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 1 11
THI OF PROPERTY OF		Central Hemenbyl J-150
ERVI VK-T) should it may		<b>4</b>
S T S T	Spent in this	
ARGIN RESTORMENT INTERPRETATION OF THE PROPERTY OF THE PROPERT	year) James 1449 occupation Miles	Other Coutributory Causes of importance:
IN ID I	12. BIRTHPLACE (city or town) Care Care Care Care Care Care Care Care	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARGIN JNFADI pplied. terms, so	E 13. NAME Leggett	Jenus 1720
D E P		Name of operation.
Page 250		What test confirmed diegnosis? Was there an autopsy?
WIS efull in pl	15. MAIOEN NAME UNE CONTROLLE	23. If death was due to external causes (VIOL ENCE) fill In also the following:
MTY, W be carefu EATH in	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be call	M. Commy	Where did injury occur? (Specify city or town, county and State)
PA P	(Address) 2 0 4 Tarrier Address	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
TE OF S		Manner of Injury
		Nature of injury
WRIT mation CAUSI	19. UNDERTAKER OF O Dast Soy	24. Was dispese or injury in any way related to occupation of deceased?
R. B.	(Address) 5 500 md.	If so, specify
» Z	20. FILEO 2-16-, 19-2 / 10 Mas/HV20cccl	(Signed) M. D. (Address) M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Combal housestand nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AFR 0 1991	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLAC

STATE OF MARYLAND	CERTIFICATE OF DEATH 0335
CE OF DEATH	1947)
e or City Ear brown Mol	Registration Dist. No. 300
of residence in city or town where death occurred yrs	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos
NAME Orval Kendell Grim	If U.S. Yeteran specify WAR.
esidence: No. Dalyan Mac. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  AMARCA  (Month)  (Day)  (Feat

County Che Market Several Control of the Control of	A.C. T. O. C.
Village or City Kalabasan Mol	No. Mash & Slavad, St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
0 / 7/ / 1/1 / 9/	
2. FULL NAME / Way Kendelf Jshm	If U.S. Veteran specify WAR
(a) Residence: No. Walley Miles	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Mosle 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 VHEREBY CERTIFY, That Lettended deceased from
(or) WIFE of Sinclo	march 6 1957- 10 march 7 1977
P. C. 18 1910	I last saw h aliva on hom. 7 19.57; daath Is said
6. DATE OF BIRTH (month, day, and yaar)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10. 2
1 day,hrs.	
/ \	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	D. Bland Porter Sant 7 3/10/2)
SAWYER, BOOKKEEPER, etc	1,0000000
work was done, as SILK MILL, SAW MILL, BANK, etc	Internal peritoration 2/1/2
U 10. Data deceased last worked at 11. Total time (years)	7,000
this occupation (month end year) 4734 occupation 3 424	
Laraan mal	Other Contributory Canses of importance!
12. BIRTHPLACE (city or town) (Stata or country)	Parlale L
≈ 13. NAME Clyde Grim	
I / Dalam Man	Taborutory 2- Near of (olar 3/1/7)
4. BIRTHPLACE (city or town)	Name of operation (A) Date of 3 (6) 3
	What tast confirmed diagnosis? Was there an autopsy? W.
15. MAIDEN NAME Protie Ingram	23. If death was due to external causes (VIOLETICE) fill in also that following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? (1) Date of intury 2/2 2 194 1
- (State of county)	Where did injury occur (Specify city or town, county and State)
17. INFORMANT OUTAL FUND	Specify whether injury occurred in inDUSTRY, in ADME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	The state of the same that
Place 20 100 Data 3-10 1007	manner or injury
Company of the second of the s	Nature of injury AMPANUES A OSON of
19. UNDERTAKER 1 1 COOCHUS	24. Was disease or injury in any way related to openation of deceased?
(Address) Bolivor, Will,	IT so, specify that All All All All All All All All All Al
20. FILED / 8 1037 Ell Doy ex	(Signed) M. M. I
Panistras	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred \_mos. \_\_\_\_ds. How long in U. S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_\_mos. \_\_\_\_ds. if U.S. Veteran, specify WAR\_\_\_ If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5e. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate 7. AGE Months If LESS than to heve occurred on the dete steted ebove, at. I dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc..... CUPATION 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc. may pluods 10. Deta deceased last worked at this occupation (month an that instructions 12. BIRTHPLACE (city or town) (State or country) FATHER ton -See 14. BIRTHPLACE (city or town) Name of operation\_\_\_\_\_ plain (Stete or country) efully What test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME important 23. If deeth wes due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ Dete of injury\_\_\_\_\_\_19\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) - XX-L (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. pluods OF 18. BURIAL, CREMATION, OR REMOVAL Mennar of Injury TION 24. Wes diseese or injury in eny way releted to occupation of deceased?\_\_ 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED ..

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

D.W:Ho

S. No.

BINDING

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Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 15 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RYIOEAU			^
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1 year
Management of the second secon		·	
		Contract to the second second	N/SECULE III

-WRITE PL

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## STATE OF MARYLAND-CERTIFICATE OF DEATH

	DIMIL O	1 1417417	ILAND	CERTIFICATE OF DEATH	
1. PLACE OF DE	ATH			90	300
County Washington				Registration Dist. No.	102
Village or City	Hagerstow	n		No.63 Madison Avenue st,	2 Ward
			J (If	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?yrsm	number) osds.
				If U. S. Veteran, specify WAR	***********
(a) Residence: No	63 Madi	SON AVE		St., Ward.  If nonresident give city or town and	State
PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March 27,  (Month) (Day)	., 193 '7
5a. If married, widowed, or of HUSBAND of	livorced				(7007)
(or) WIFE of	Eva Jones			22.   HEREBY CERTIFY, That i attended	
	00	toher 1	1, 1879	, 19, to	
6. DATE OF BIRTH (month, 7. AGE Years	day, and year) Months	Days	If LESS than	I last saw h, 19, 19, to heve occurred on the date stated above, atm,	.; death is said
58	5	16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
2 Trade profession o	particular		ormin.	were as follows:	Date of onset
No. Date deceased last	ne, as SPINNER, KEEPER, etc	Mechani	ic	arteriosclerosis	
9. Industry or busines	e in which			000000000000000000000000000000000000000	
SAW MILL, BAN	as SILK MILL, K, etc		***************************************		
	month and	spe	ime (years) nt in this		
year)  12. BIRTHPLACE (city or too (State or country)			upation	other Centributary Canssa of Importance: Kefused Medical assistan	· ke
1	n Jones				
I -		0.1000			
14. BIRTHPLACE (city of		d .		Neme of operation Date of Whet test confirmed diegnosis? Was there an	
15. MAIDEN NAME	Sadie C			23. If deeth was due to externel causes (VIOLENCE) fill in elso the following	
	The	known		Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city of State or country)	1 101111/			Where did injury occur?	17
17. INFORMANT Mr. (Address) Ha	s. Eva Jo			(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, O	R REMOVAL			Manner of Injury	
Place Hager	stown, Md	-Date Mar	30 ,19 37	- Nature of injury.	
	red W. Kr			24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3/34	.193761	estil	Penitro	(Signed) WWW MIN	22 M.O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N
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	infor-	state	UPA-
	Jo m	plnor	000
	ite	32	of
	3D. Every	<b>YSICIANS</b>	statement
Į	r RECOF	Y. PH	Exact
HARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FOR B	IS A PE	stated F	properly
G	HIS	pe	pe
ERVI	IK-T	should	t may
RES	NG IN	AGE :	that i
ARGIN	INFADI	pplied.	terms, so
-	TTH I	ully su	plain t
0	LY, W	caref	TH in
	LAIN	uld be	F DEA
	E	sho	(O)
-	-WRIT	mation	CAUSI
.9	1		

N. B.—WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	93-20/
County Mashington	Registration Dist. Noc 1011
Village or City Pauceco	
Length of rasidence in tilly or town where death occurred yrs	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos
11/24 //2014	
2. FULL NAME PARY WILL TO	If U. S. Veteran, specify WAR
(a) Residence: No. The Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the work)	21. DATE OF DEATH March // (Oay) (Yes
5a. If married, widowad, or dworced HUSBAND of	
(or) WIFE of Curley Jones	22. Mar HEREBY CERTIFY, That I attended decessar
5. DATE OF BIRTH (month, day, and year) May + 57 869	Hast saw her strength mary 1 1937; death
A. AGE Years Months Days II LESS than	to have occurred on the date stated abova, at
67 (0 6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date o
sawyer, BOOKKEEPER, etc.	10 10 5 100
9. Industry or business in which work was done, as SILK MILE.	were myocaracras
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc.  10. Oate decased last worked at his securation (month and	(1)
this occupation (month and yaar) spant in this occupation	
DIDTION OF STREET DISTINGTON OF STREET	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Sout	
14. BIRTHPLACE (city or town)	Neme of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TOUNGE FACKER	23. II death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME COMME ACCOUNTS	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
(Address) Thus lower fa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Affiliation Det John Det	Nature of injury
19. UNDERTAKEN SUCCESSION	24. Was disease or injury in any way related to occupation of dacaesed?
(Address) Johnneso 3 Mil	If so, specify
20. FILED 3/17 37 19 Courtins	(Signad)
Registrar.	(Address)

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Chronic interstitial nephritis 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	Н			7 - 7	
County	Wash:	ington			Registration Dist. No. 302	
			wn death occurred		No. 102 First St. St., Waldeath occurred in a horpital or institution, give its NAME instead of street and number)  ds. How fong In U.S. if of foraign birth? yrs. mos	
2. FULL	A STATE OF THE PARTY OF THE PAR	The same of	irl Kend		If U. S. Veteran, specify WAR	
			irst St		2	
(a) Res	idence: No	10000	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERS	ONAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female		or RACE hite	OR DIVORCE	RIED, WIDOWED, D (write tha word) ngle	21. DATE OF DEATH  March 30 ,193 37  (Month) (Day) (Yaar)	
	vidowed, or divorc of of	ad			22. HEREBY CERTLEY That I attended dacassad from March 30, 1937, to March 30, 193	
6 DATE OF BU	RTH (month, day,	and year)	Warch 3	30,1937	I last saw here aliva on March 30, 1937; death is si	
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data statad abova, at 3:30 Pm.  Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance	
8 Trade	profession, or part		1 0	ormin.	ware as follows:	
N kind	of work dona, as	S SPINNER,				
9. Industr	y or business In a k was done, as SII V MILL, BANK, etc	which LK MILL,			Tremsturty (6 mo)	
- (1113	occupation (mont	ed at h and	spe	ima (years) nt in this upation		
12. BIRTHPLAC	E (city or town)	Hager	stown, Mo	d	Other Contributory Causes of importance:	
₩ 13. NAME	Laran	ce Ken	dall			
	LACE (city or tow	m)Wes	t Va.		Name of operation Oata of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEI	NAME TO	oimie	Higer		23. If daath was due to external causas (VIOLENCE) fill In also tha following:	
15. MAIDEN NAME Maimie Hiser  16. BIRTHPLACE (city or town) Washington Co.  (State or country)			ington	Co.	Accident, suicide, or homicide?	
17. INFORMANT	Laran	ce Ken	dall		Whara did injury occur?	
	EMATION, OR RE				Manner of Injury	
Place	Hagerst	own, Md	· Date Mar	ch, 31, 137	Nature of injury	
19. UNOERTAK	Fre Fre	d W. K	raiss	4	24. Was disease or injury in any way related to occupation of deceasad?	
20, FILED . 3	- 3/-,19	376	HOLH	Registrar.	(Signed) Magestown Md	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	\$1 \$1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
county Mash; naton	Registration Dist. No. 302
Village or City Haa a C Y S Town	NOT 14 Salem Avg St, 5 Ward
	death occurred in a hospital or institution, give its NAME tostead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES acob S. Kershner	
(a) Residence: No. 914 Salew AVZ.	St., 9 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Widower	(Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decaased from
Jusan-	mas 1 ,1937, to may 22, 1937
6. DATE OF BIRTH (month, day, end yaar) Cuy 2-1850	I last saw h. Malive on 22, 19.37; daeth is seid
7. AGE Years Months Deys II LESS than	to have occurred on the date stated above, et 4.50 m.
86 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importenca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cay mex	and a second of
SAWYER, BDDKKEEPER, etc QY MEY	hromy and this; duration unknown?
9. Industry or business in which work was done, as SILK MILL, Rative SAW MILL, BANK, etc.	Ocite Dilitation heart code 5/20/8
O TO. Date decassed last worked at 11 Total time (years)	
this occupation (month end year) Green 19 3-1 spant in this occupation to u.y.s.	
12. BIRTHPLACE (city or town) Falling Waters	Other Contributory Causes of importance:
(State or country)	
# 13. NAME Curus Kershner	
13. NAME Cyrus Kershner  14. BIRTHPLACE (city or town) Falling Waters	Nama of operation Dete of
(Steta or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME and Sm. th.	23. II deeth was due to external ceuses (VIOL ENCE) fill in elso the Iollowing:
5 16. BIRTHPLACE (city or town) Towns Waters:	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANTA; 22 Musta Keishier.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagarstown, w	
18. BURIAL CREMATION, OR REMOVAL	Mannar of injury
Place May 14 193	Natura of Injury
19. UNDERTAKER C. 15. Co SSman	24. Wes disease or injury in any way related to occupation of dacaased?
(Address) Hayerstown ma	If so, spacily
20. FILED 3 - 23 - 1937 10 May 11/2 ower	(Signed) / M. D
Registrar.	(Addrass) 56 CO CO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
li and the same	and the second s		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			9100000

23. If death wes due to external causes (VIOLENCE) fill in also the following: Accidant, sulcida, or homicide?\_\_\_\_\_\_\_Oate of Injury\_\_\_\_\_\_19 (Specify city or town, county and Stole) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Wes disease or injury in any way ralated to occupation of decaased? (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Example I	Arria	TA to	Example II		
The principal cause of death and related of importance were as follows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis APR 6 1	937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage 31 KEAU	V. 3.	July 5,1927	Peritonitis	3 days ago	
The second secon		1			
Other contributory causes of importance:			Other contributory causes of importance:	46	
Gallstones		May 1,1923	Gastroenteritis	1 year	

back

important

very

LION

CAUSE mation

V. S. No.

M

(State or country

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19. UNDERTAKER (Addrass)

(Address)

Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) / Caracislowv

Nature of injury

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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N. B.

should state of OCCUPA-

RD. Every item of infor-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

03358

1. PLACE O	OF DEATH Washingt	on		108)	27-
	City Hagerst	own,		Registration Dist. No.  No. Bloom's Avenue St., st death occurred in a horpital or institution, give its NAME instead of street and its feath occurred in a horpital or institution, give its NAME instead of street and its	S Ward
Langth of re	sidenca in city or town where		yrsmos	ds. How long in U. S. if of foreign birth?	osds.
2. FULL NA  (a) Reside		J. Lav om's Av	enu <b>e</b>	St. S Ward.	
PERSOI	NAL AND STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
s.sex Male	4. COLOR OR RACE Colored	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 22,	, 193 7 •
a. If marriad, wido HUSBAND of (or) WIFE of	wad, or divorced			22. March 4 1937, to March 22	
	(month, day, and year)	1	if LESS than	to have occurred on the date stated above, at 6:00 A.m.	
	Months	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware as follows:	Date of onset
kind of SAWYEI 9. Industry or work w	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	labozer.		Lobar memuonia	3/2/
year)	used last workad at supation (month and	sp:	time (yaars) ent In this cupation	Other Contributory Causes of Importance:	-
12. BIRTHPLACE (d	city or town) Winche untry) Va.	ester		Cents myo carditis	3/5
13. NAME	Ross Lavend	er		Joens 11-40 car-carra	1-1-
14. BIRTHPLAC	CE (city or town) Unkn or country) Virgi			Name of operation	11'00sv? 24
	E (city or town) Unk	vender nown ginia		23. If death was due to external causes (VIOL ENCE) fill In also the following Accident, suicide, or homicide?	: -
7. INFORMANT	Mrs. Ada Hu Hagerstown.	nter		Where did injury occur? (Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMA	rpsburg, Md.		241937	Mannar of Injury	
19. UNDERTAKER _ (Addrass)	Fred W. Kra	iss,	1/1	24. Was disease or Injury In any way related to occupation of deceased?	no
20. FILED 3 -	23-1376	may	Do our	(Signed) W. M. Deudy	74. O

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year
			1

TION is very important.

WRITE PL

V. S. No.

11	"1	5	5	ï	5
U	U	0	0	q.	7

1	I. PLACE OF DEATH			157-D
	County Washington			Registration Dist. No. 202
	Village or City Funkstown	1		No. St., Ward
	Landh of milders in the same to the			death occurred in a norpital of institution, give its INAIME instead of street and number)
				ds. How long In U.S. iI of foreign birth?yrsmosds.
2	2. FULL NAME Franc		ten	If U. S. Veteran, specify WAR
	(a) Residence: No. Funksto			St., Ward.
-	BERCONAL AND CTATIOTI	(Usual place		If nonresident give city or town and State
-	PERSONAL AND STATISTI SEX   4. COLOR OF RACE			MEDICAL CERTIFICATE OF DEATH
3.		OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH har. 3/
-	Female White	sin	gle	(Month) (Day) (Keer)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Sing	1 .		22.   HEREBY CERTLEY, That I attended deceesed from
	(or) WIFE of 51ng.	16		mar 31, 1937, to mar 31 1927
6.	DATE OF BIRTH (month, day, and year)	Jarch	31 1937	i last saw have alive on 1937; death is said
_	AGE Years   Months	Days	If LESS than	to have occurred on the dete stated above, at 11:30 P m.
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
_	8. Trade, prolession, or perticular	1	ormin.	were as follows: Date of onset
O	8. Trade, prolession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	N	o ne	anomalies of all extremities
OCCUPATION	9. Industry or business in which work was done, as SILK MILL.			ans accordation to a man
SC	SAW MILL, BANK, etc	None		
0	10. Date deceased last worked at this occupation (month and	SD:	time (yeers) ent in this	
	yeer)	D 000	cupation	Other Contributary Causes of Importance:
12.	BIRTHPLACE (city or town) Funks:	town		Circulatory
_	(State or country)	oton C	o. Md.	
FATHER	13. NAME PAUL T. Ti	tten		
ATH	14. BIRTHPLACE (city or town)	ryland.		Name of operation
-	(State or country)	-J-2-Ctar Oc-		What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME	Ti++	070	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
OT.	16. BIRTHPLACE (city or town)	n Til Tro A	611	Accident, sulcide, or homlcide? Date of injury19
Σ	(State or country) Va.			Where did Injury occur?
17	INFORMANT Paul A. I:	itten		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address)	T-7-7-34TE		
18.	BURIAL, CREMATION, DR REMDVAL			Manner ol injury
	Place Hanor Cem.	Date AP	ril 2,1937	Nature of Injury
10	UNDERTAKER Edith v.	Leaf		24. Was disease or Injury in any way related to occupation of deceased?
19.	(Address) William	2.6		il so, specify
	U-1- 37	Trais 4	130000	(Signed) Theo Dover M.D.
20.	FILED 4-1-, 19.5 / 10	1004/	Registrar.	(Address) with my

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAH V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF D	DEATH US
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County We shington  Village or City Things 1 860 Kh 1 1 2 5 John St.  Langth of residence in city or town what death occurred.  Langth of residence in city or town what death occurred.  J. FULL NAME Stillborn Infant Lizer  (a) Residence: No. 125 John Street  (b) Residence: No. 125 John Street  (c) Residence: No. 125 John Street  (d) Residence: No. 125		1. PLACE O			F MAR	YLAND-	CERTIFICATE OF DEATH 03360	
Village or City		County_W	ashir	ngton			Registration Diet No. 302	
Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town whars death occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of residence in city or town and State occurred.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city or town and State.  Langth of resident give city of town and State.  Langth of resident give city of town and State occurred.  Langth of resident give city of town and State.  Langth of reside		Village or C	ity.	ger stown	MITD 48		125 John C4	-
(a) Residence: No. 125 John Street  (Unsighed of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE with the word of t		Langth of resi	dence in c	ity or town whara d	eath occurred	(li yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)	s.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, OR DIVOKCED (write the word)  52. LI married, widowad, or divorced (co), wife of (co), wife					Street			
Sa. If married, widowad, or divorced Husband or divorced or the date stated above, at 1 9.27 mm.  8. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, S		PERSON	AL AN	D STATISTI				-
So. If married, widowad, or divorced HUSDAND of (c) WIFE of the WIFE of the HUSDAND of (c) WIFE of the HUSDAND of the WIFE	3.	SEX ?					1 Much 24 193	-
T. AGE  Years  O  O  O  I day,	5a.	HUSBAND of	ad, or divo	read	-		The second secon	m
T. AGE  Years  O  O  O  I day,	6.	DATE OF BIRTH (	month, da	and year) M	arch 24.	1937	Hast saw h Daws how	
8. Trade, profession, or particular wind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BARK, etc. 10. Data deceased last worked at spend in this occupation (month end year)  12. BIRTHPLACE (city or town). (State or country)  13. NAME JOSEPh Samuel Lizer  14. BIRTHPLACE (city or town). (State or country)  15. MAIDEN NAME Minnie Smith  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT Mrs. Joseph Lizer  17. INFORMANT Mrs. Joseph Lizer  18. BURIAL CREMATION, OR REMOVAL Hospital disposal late   March of the country		AGE Yaa	s	Months	Days	If LESS than	, Udalii (S Sai	0
S. Hade of work dome as SPINNER, SAWRER, BOOKREPER, etc.  9. Industry or business in which work was done, as SIKK MILL, SAW MILL, BARK, etc.  12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME JOSeph Samuel Lizer  14. BIRTHPLACE (city or town)  (Stata or country)  15. BIRTHPLACE (city or town)  (Stata or country)  16. BIRTHPLACE (city or town)  (Stata or country)  Maryland  27. Informant  Mrse Joseph Lizer  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Hospital disposal  (Address)  19. UNDERTAKER  Hospital disposal  (Address)  Mrs. Joseph Lizer  Hospital disposal  (Address)  Manner of Injury Neture of Injury Netu				0	0		Meta as tollows.	
12. BIRTHPLACE (city or town)   Hager stown, Maryland (Stata or country)	NO.	8. Trada, profes	sion, or pa ork dona,	articular as SPINNER,			Data of onest	
12. BIRTHPLACE (city or town)   Hager stown, Maryland (Stata or country)	ATI	9. Industry or 1	usinass in	which				
12. BIRTHPLACE (city or town)   Hager stown, Maryland (Stata or country)	CUF	SAW MIL	L, BANK,	etc			Stillbirth	
12. BIRTHPLACE (city or town) Hagerstown, Maryland (Stata or country)  13. NAME Joseph Samuel Lizer  14. BIRTHPLACE (city or town) Pennsylvania Mana of operation. (Stata or country) Pennsylvania Mana of operation.  25. Malden NAME Minnie Smith  26. BIRTHPLACE (city or town) Maryland  27. INFORMANT Mrs. Joseph Lizer (Address)  18. BURIAL, CREMATION, OR REMOVAL Hospital disposal Later (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED 2 2 2 2 193 2 4 4 4 5 5 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	8	this occup	ation (mo	ked at nth end	spa	nt In this	(5 mos gestorum)	
14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL HOSPITAL disposal (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. BIRTHPLACE (city or town) (Stata or country)  Naryland  Nama of oparation What test confirmed diagnosis? Was there an au'opsy?  Accidant, suicida, or homicida? Date of Injury Where did injury occur?  Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Mannar of Injury Natura of injury Natura of injury  Natura of injury  19. UNDERTAKER (Address)  20. FILED 3 2 2 1937  10. Signad)  M. D. Signad  M. D. Signad	12.	BIRTHPLACE (cit	y or town)	Hagers			Other Contributory Causes of Importance:	
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME Minnie Smith  16. BIRTHPLACE (city or town) (Stata or country)  Maryland  Mere did injury occur? (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Hospital disposal disposal (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Was there an au'opsy?  23. If death was dua to axtarnal ceusas (VIOLENCE) fill In also tha following:  Accidant, suicida, or homicida? (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Mannar of Injury  24. Was disease or injury in any way related to occupation of decasaed?  If so, specify (Signad)  M. D.	ER	13. NAME J	osepł	Samuel I	Lizer			-
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  Mrs. Joseph Lizer (Address)  18. BURIAL, CREMATION, OR REMOVAL Placa Hospital disposal disposal (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  23. If death was dua to axtarnal ceusas (VIOLENCE) fill In also tha following: Accidant, suicida, or homicida? (Specify city or town, country and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Mannar of Injury Natura of injury  24. Was disease or injury in any way related to occupation of decasaed?  If so, specify (Signad)  M. D.	FATH			wn) Peni	nsylvania	ā.		
Where did injury occur?  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL HOSpital disposarbata (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 3 - 28 1937  Mannar of Injury  21. Was disease or injury in any way related to occupation of decasaed?  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (In Industry In Industry Indu	IER	15. MAIDEN NAM	/E	Minnie Sr	nith			-
17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Placa Hospital disposal to the place Hospital, disposal (Address)  19. UNDERTAKER (Address)  20. FILED 3 - 29. 1937 MARAFIL COLUMN (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Mannar of Injury Natura of injury  24. Was disease or injury in any way related to occupation of decaasad?  If so, specify (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	MOTH	16. BIRTHPLACE (Stata or	(city or to country)	wn)Ma.ı	yland	•	Accidant, suicida, or homicida? Date of Injury, 19	
Placa Hospital disposarbata 19. 19. Natura of injury.  19. UNDERTAKER Hospital, disposar 24. Was disease or injury in any way related to occupation of decaasad?  19. UNDERTAKER Hospital disposar 24. Was disease or injury in any way related to occupation of decaasad?  19. UNDERTAKER (Address) (Signad) (Signad) M. D.	17.	INFORMANT	rs. J	oseph Liz	er		(Specify city or town county and State)	
19. UNDERTAKER Höspital, disposal 24. Was disease or injury in any way related to occupation of decaasad?  If so, specify (Signad) M. D.	18.	HO	on, or r spita	EMOVAL 1 disposa	Data	, 19		
20. FILED 3 - 29-, 1937 Chaff Bouler . (Signad)	19.		Par	Hospital,	disposa:	motimi -	24. Was disease or injury in any way related to occupation of decaasad?	-
	20.	FILED 3 - 2	g,	,37.6h	alf 13	Registrar.	(Signad) M. I	),

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis APR 6 1937	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921 July 5,1927	Run over by street car  Peritonitis	1 week ago 3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

certificate.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

11	"	-	ò	٠.
U	(1)	J	9	) /

1. PLACE OF DEATH	tou.	Registration Dist. No. 30	17
Village or City Qua 115	the ma	No. St.	Ward
Length of residence in city of Jown where		f death occurred in a hospital or institution, give its NAME instead of street and	d number)
\$1 V	death occurredyrsmos	s. 2 ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME O	vacco do	ng	
(a) Residence: No.	(Usual place of abode)	Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	nd Otale
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH	., 193.7
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	John V. Jong	22. I HEREBY CERTIFY, That I attende Jelry 26 1937, to Maricla	ed deceased from
6. DATE OF BIRTH (month, day, and year)	mil 1-1851	I last saw h alive on	; death is said
7. AGE Years Months	Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 2.0 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	In a series
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hour	Paralysis	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		-	
10. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town (State or country)	f took ma	Other Contributory Causes of importance:	
I 13. NAME Having &	ick 100	·	
13. NAME 14. BIRTHPLACE (city or 1995)	ymoville m	Name of operation Oate of	
(State or country)	J.Co	What test confirmed diagnosis? Was there ar	n autopsy? ?
15. MAIDEN NAMED AND LOCAL TO THE PROPERTY OF	We Town h	23. If death was due to external causes (VIOLENCE) fili in also the followi	
(State or country)	a co	Where sid injury occur?	
17. INFORMANT CANCEL (Address)	Woller med	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	tate) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Piece State Will	4, Date 8 = 3 , 1937	Manner of injury	
19. UNDERTAKER C. K. S. L. (Address)	man + Col	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILEO Mar 3rd , 1937 Con	elius V. Castle	(Signed) Author Tr Bleson (Address) Middlelon M	7. M. D.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of do of importance were as fo	llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EIVEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephral	ECT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APF. 3	July 5,1927	Peritonitis	3 days ago
Other contributory cause	BUREAU V. S.		Oil Alberton or or of himsetones	
Other contributory cause	s of importance:		Other contributory causes of importance:	- 1
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE

V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

03362

1. PLACE OF DEATH	ngton.			94	E	3	17.
Village or City Leit		g, Md		No	Registration	Dist. NoSt	— Ward
Length of residence in city or to	wn where death	occurred 6	9yrsmos.	death occurred in a horpital of	or institution, give its NAM U.S. if of foreign birth?	E instead of street a	nd number)
2. FULL NAME Char (a) Residence: No. Le	les E.	Lowma	in.	1f U. S. Ve	eteran, specify WAR		
(a) Residence: No.	TOETOD	(Usual place	of abode)	St., Ward.	If nonresiden	it give city or town	and State
PERSONAL AND ST	ATISTICA			MEDIC	AL CERTIFICATI	E OF DEATH	1
3. SEX   4. COLOR OR White	RACE 5. S	INGLE, MAR	RIED, WIDOWED,	21. DATE OF DEA	March	29 (Day)	, 1937
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ida	Jane 1	Lowman	1.		(Month)  EBY CERT1F  7.,19.37, to	7. That I attend	
6. DATE OF BIRTH (month, day, and y	on Oct	27, :	1867	1 last saw h			
7. AGE Years	Months 4	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the da	-	LA m	Datwolonset
8 Trada, profassion, or particula kind of work dona, as SPI SAWYER, BOOKKEEPER, et	nner, La	abor		Coronas	y throm	tosis	thort 29
Kind of work dona, as SPI SAWYER, BOOKKEEPER, et 9. Industry or business in which work was dona, as SILK M SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	ILL,				/		
10. Data deceased last worked at this occupation (month and year)		11. Total t	ime (years) nt in this upation				****
12. BIRTHPLACE (city or town)	Leiters Md.			Other Contributory Causes	of importance:		
1	pton. 3	Lowman	1.				
13. NAME George U. 14. BIRTHPLACE (city or town) (State or country)					osis?	Date o	
15. MAIDEN NAME Quite 16. BIRTHPLACE (city or town) (State or country)	in Kal	kein	e Picket	23. If death was due to exta		fill in also the follow	wing:
Mrs Edw	ard Kno	) t.t.	md.	Where did Injury occur?	(Specify city of	or town, county and	State)
17 INFORMANI	ersbur			Specify whether injury oct	curred in INDUSTRY, in H	OWE, OF IN PUBLIC	PLAUE.
18. BURIAL, CREMATION, OR REMOVA	rg, Md	Mar	31 ,19 37				
19. UNOERTAKER Fred (Address) Ha	W. Kra	aiss.		24. Was disease or injury i	1		
20. FILED 3/3/, 137	MB	Newa	rmar Luty Registrar.	(Signed)(Address)	Hagss.	fluia form	M.D.
	If more blank	s are needed,	address State Registrar,	2411 N. Charles Street, Balin	more, Requesting V. S. No	0. I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD 6 1077	1915	Attack of epilepsy	1 week ago
Chronie interstitial neg	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	SUSEAU V. S.	July 5,1927	Peritonitis	3 days ago
	And the state of t			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	YSICIAN
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If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

BINDING

IARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage APR 6 1931	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	40)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL OF ACE	FOR FURTHER STATE	MENTS BI I III SICIAN	

If more blanks are needed, address State Registrar, 24.2 No. 2.

BINDING

RESERVED

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Chronic interstitial nephritis 0 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

1. PLACE C

County Village or

Length of re

PERSO

2. FULL NA (a) Reside

5a. If married, wido HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trade, prof

9, Industry of

work w 10. Date deces

12. BIRTHPLACE (city or town (State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country

(State or country)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

17. INFORMAN

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH	133,65
CE OF DEATH	100	
nty Wash: ngton	Registration Dist. No.	02
age or City + lay exstown	No. 906 Salem 1753 St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and. ds. How long in U.S. if of foreign birth?yrs.	
L NAME Saul Abroham ho Dade		11105
Residence: No. 906 Salau An- (Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
ed, widowed, or divorced IND of IFE of A Care	22. I HEREBY CERTIFY, That I attended MARCH. 18. 1937, to MARCH. 2	
BIRTH (month, day, and year) & 28-1872	I last saw h. Let alive onMARGH_ 22, 193	
Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, at	
64 2 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate ol onset
de, profession, or particular kind of work done, as SPINNER, a day a		
ustry or business in which work was done, as SILK MILL, Survey & C	LOBAR PNEUMONIA	3/18/37
e deceased last worked at this occupation (month and year)		***
	Other Contributory Causes of importance:	

Neme of operation

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_

HAGERSTOWN

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

What test confirmed diegnosis?\_\_\_\_\_

Where did injury occur? .....

Manner of injury

Nature of Injury\_

If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Arteriosclerosis ADD @ 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
, , , , , , , , , , , , , , , , , , , ,	-4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	953
County County County	Registration Dist. No.
Village or City The Justonia	ND. St., St., Wal (Il death occurred in a horpital or institution, give its MAME instead of street and number)
Length of residence in city of town where death occurredyrs	mos. / J - ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Clice & Miller	
(a) Residence: No. 1/3 / type (Usual place of abode)	St., O Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Nedouce	21. DATE OF DEATH 3 20 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / Leave / Mulli-	22. / I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	1 last saw h = elive on 3/18 , 1937; deeth is sai
7. AGE Years Months Days If LESS that	
83 6 23 1 day,	
8 Trade profession or particular	Enterio-Sclentii Carolio Vasailar Date of proc
< 9. Industry or business in which	- what
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and year)	
latilla ville	Other Contributory Causes of Importance:
(State or country)	
1 10 10 10	
C / No 1-1:00 1:00	M A
(State or country)	Name of operation North Date of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What test confirmed diagnosis? Cutted Was there an au'opsy?
13. WAIDEN HAME // argarety. Cover	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Margarets. Coover  16. BIRTHPLACE (city or town) Thurmout  (State or country). Tare & Soon was	Accident, suicide, or homicide? Date of Injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colf alength. It as bought	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL TE 1 On 1	Manner of injury
Hace buy cently Date Marche 23, 19 3	
19. UNDERTAKER Seo B. Hoover	24. Was disease or injury in any way related to occupation of deceesed? M
20. FILED 3 - 21-, 1937 6 Part Bowl	If so, specify (Signed) (Signed) (M.
Registrar,	(Address) / Willeston Hagenston My

1, 1, 1, 1, 1, 1, 1, 1

CTATE OF MADVI AND

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APR 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Place Hagerstown, Md. Oate March 6

Fred W. Kraiss

Hagerstown. Md

Menner of injury

Nature of injury

If so, specify

24. Was disease or Injury In any way related to occupation of deceased?

(Addrass) Hagerstown,

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis Cerebral hemorrhage July 5.1927 3 days ago WINDRAFT V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

of OCCUPA-

1. PLACE OF DE	ATH			(93-6)	
County	Washing	ton c		Registration Dist. No. 301	
Village on the Near Kemp's Mill				NoSt	Ward
Length of residence in		0		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?m	
2. FULL NAME				If U.S. Veteran specify WAR.	DSUS.
					*************
(a) Residence: No.	NEar-A	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
the same of the same	LOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH March H	··· ›
Male W	hite	Marr	ied	(Month) (Day)	(Year)
ia. If merried, widowed, or d HUSBAND of (or) WIFE of				22. A I HEREBY CERTIFY, That I attended	deceased from
Liz	zie Mill	8		1 1/ 2- /11 21	1957
B. DATE OF BIRTH (month,	day, end year)	rch i3	987	1) ast saw h som alive on Mesch H., 19 3	; death is said
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, et. 5. A. m.	
54	ii	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	100
8. Trade, profession, or kind of work don	particular e. as SPINNER.		TAX TO THE	prome Musicarditis	Date of onset
SAWYER, BOOKK		armer		Grienal Hypertension	1934
work wes done, a	SSILK MILL.	armer		Carchas apthrona	Jan 1, 1937
10. Date deceased last very this occupation of year)	vorked at	11. Total ti	me (years) t in this pation 1 FC		
	10000000	- 1		Other Contributory Causes of importance:	
2. BIRTHPLACE (city or tow (State or country)	Pennsy		***************************************	,	
13. NAME Jam	1 - 1	S			
14. BIRTHPLACE (city or		cers hi	rø	Name of operation.	
(State or country		vlvania	- ' <del>B</del>	What test confirmed diagnosis?	ulonav2
15. MAIDEN NAME	Susan (	rearh	art	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or	town) Mar	cersb	urg.Pa.	Accident, suicide, or homicide? Date of injugation	
E (State or country	The second		4 8)	Where did injury occur?	
7. INFORMANT MYS (Address) New	+ Kemi	e Mill	<u>/s</u>	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	a) ACE.
8. BURIAL, CREMATION, OR	REMOVAL TE CEMETE	TV Mary la	1	Manner of Injury	*************
Place Near (	Learsprin	Date Marc	h 7, 1937	Nature of injury	
9. UNDERTAKER & d	elle V.	Leal	Anne	24. Was disease or injury in any way related to occupation of deceesed?	No
(Address)	ldean	sport	may	If so, specify	
O. FILED & Mary 5	,1937 6.	6. This	Kard	(Signed) Will Tr. Onewer	- M. D.
			Registrar.	(Address) Class Spring	1110.

V. S. No. 1

N. B.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03369
1. PLACE OF DEATH	98-0
County Washington	Registration Dist. No. 3//
Village or City Dilahwanton	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
0 0	
	And Hus Voteran specify WAS
(a) Residence: No. (Usual place of abode)	Ad & St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale White Widowed	(Month) (Day) (Year)
5a. If married, widowad or diversed	22/ I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jereman Mongay	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May-4-1854	I last saw hale alive on march 6, 1977; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated abova, at 1.2.cm,
82 10 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER.	Date of onset
kind of work done, as SPINNER,  SAMYER, BOOKKEEPER, etc.	Cherioseposes, 10 yrs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	I trong wascongres / offis
Q 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) this occupation (month and year) cocupation (month and year)	
12. BIRTHPLACE (city or town) Dilahmanton	Other Contributory Causes of importance:
(State or country) walk. Co. mal.	Dry gangrew of the 1988.
13. NAME William moats	
14. BIRTHPLACE (city or town)	Name of oparation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Disglamantes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) a sight autor	Accident, suicide, or homicide? Date of injury, 19
(State or country) work, c. md.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Man de de la company de la company (Address)	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Manor Courtary Date March 10, 1937	Nature of Injury
70747 Bot 455	24. Was disease or injury In any way related to occupation of decaased?
19. UNDERTAKER (Addrass)	If so, specify
20. FILED MAN. 9 , 1957 X D. 10 Marselles.	(Signed) Wally & Shear ) M.D.
Registrat.	(Address) Shurpstill, hely
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THREAU V. S.				
Other contributory causes of importance:	8	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
· County Washington	Registration Dist. No. 30 2
Village or City Dagueton Charle	Also. Haspital St., 3 Ward
Length of rasidence in city or town where death occurredyrsmos.	death occurred in a horpital or inditution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Bettie Ovignia	Morphaneteran, specify WAR
(a) Residence: No. Boundon md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVICED (write the word) Culite Cuidowed	21. DATE OF DEATH  (Month)  (Ody)  (Year)
5á. It married, widowed, or divorced HUSBAND of (or) WIFE of Charles Edward Morgan	22. J. HEREBY CERTIEN, That I attended decessed from July 12 19 19 19 19 19 37
6. DATE OF BIRTH (month, day, and year) October - 18. 1890	I last saw h. alive on March 1937; death is sale
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at D
46 0 ormin.	were as follows:  Acute Gracuea Batgotopset
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc	Unite Manuella 2/15/5
9. Industry or business in which work was done, as SILK MILL,	Crimary causes Cloonic nephritia; on
SAW MILL, BANK, etc	sente ttack, engrafted on a chronic
year) Manala 43-1 occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Boomalos	acute hephretis 2/12/3
(State or country) Cond. Co. md	
14. BIRTHPLACE (city or town).	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Dlorence Vorine	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Richard a. m. ergan (Address) Bornelins md. 5	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 20 malino Md. Oate March, 22, 1937	Nature of Injury
19. UNDERTAKER OW. 3. 10ad 45 oy	24. Was disease or lotary in any way related to occupation of deceased?
8 - 24 27 640 AHB - M	(Signed) (Signed) M.D.
20, FILED Registrar.	(Address) Bosustion, Mt.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago ADD Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

BINDING

RESERVED

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Example I	.3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ADD 6 1027	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonatis	3 days ago	
		1		
Other contributory causes of importance:	H	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03372
1. PLACE OF DEATH	
County Washing ton	Registration Dist. No. 302
Village or City fuguration -	Parling ton Co. Hospital War
Length of residence in city or your where death occurredyrsm	If death occurred in a hopital or institution, give its NAME instead of treet and number of the loss. How long in U.S. If of foreign birth?
2. FULL NAME Joseph Stands	
(a) Residence: No. Way meshow	D 3 1/ Ward
(Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DISORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from  Wash 12,1937, to Wash 21,1977
DATE OF BIRTH TOPONTH CON THE LAND 21 1917	I last saw h Line alive on March 21 ,1917; death is sain
. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et /: 200 m.
19 3 1 dey,hrs	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	John Justimai 2 3/12/3:
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 12/1937 spent in this occupation 8	
2. BIRTHPLACE (city or town) Hrushlin Co. Pa (State or country)	Dther Coutributory Causes of Importance:
1 10 00	
14. BIRTHPLACE (city or town), ganhline Co. Pa	7
(State or country)	Name of operation
15. MAIBEADINETTE Commilia Hartle	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAI DENTURANTE COMPANIE HOUSE CO, Ca., (State or country) Variables Co, Ca.,	Accident, suicide, or homicide?
7. INFORMANT 17 Nambelin H. Myers (Address) mayneston & R 3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Placedar Hill cansley. Mar. 24, 1937	Neture of injury
9. UNDERTAKER Jacoh a. Tester Pa.	24. Was disease or injury In any wey related to occupation of deceased?
0, FILED 3 - 22-1937 6 Hast Howe.	(Signed) W. E. Wichal M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	· Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

RESERVED

MARGIN

V. S. No.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Washington Registration Dist. No. Village or City Hagerstown Washington Co. Hospitst (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town whara death occurred. mos. \_\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_vrs. \_\_\_\_mos.\_\_\_\_ 2. FULL NAME Robert Henry Naile If U. S. Veteran, specify WAR (a) Residence: No. 30 E Fredrick (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white Male arried 5a. If merried, widowad, or divorcad HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of Martha Kellev Oct. 22 1887 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars If LESS than Months Davs to have occurred on the data stated above, at 11.34 m 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, Machanic Tannery 9. Industry or business in which work was done, as SILK MILL. Setting Machine SAW MILL. BANK, etc ... 10. Date deceased last worked at 11. Totel time (years) spent in this this occupation (month and occupation \_\_ 12. BIRTHPLACE (city or town) (Stata or country) wash. FATHER Henry 13. NAME Naile See 14. BIRTHPLACE (city or town) .... (Steta or country) What test confirmed diagnosis? Of . + Clust - Was there an autopsy? Co MOTHER 15. MAIDEN NAME Katherine uontknow 23. If daeth was due to external causas (VIOLENCE) fill in also the following: dont 16. BIRTHPLACE (city or town). Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury\_\_\_\_\_ (Steta or country) Where did injury occur? \_\_\_. (Specify city or town, county and State) Martha Kellev Naile Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT \_ (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Green Manner of Injury CAUSE Plece WilliamsnortMoate March 2819 TION Nature of injury. Leaf 24. Was disaase or injury In any way raiated to occupetion of daceased?\_\_ 19. UNDERTAKER liamspor if so, specify \_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Addrass) - Lege.

Date of onset

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
F REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

4 .	0 2	11	160	
11	. 1	3	1	ſ,
V	0	(1)		

1. PLACE OF DEATH			0 2
County Washington		Registration Dist, No. 302	-
Village or City Ragein	- (1	Take	Ward
0	- ()		as.
2. FULL NAME TO ALLE	at have med	St. Ward.	
(a) Nosidonoc. 140.	Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Yea	) ar)
HUSBAND of (or) WIFE of	-gu	22. I HEREBY CERTIFY, That I attended deceased Jan. 19, 19. 37, to March 6, 19	m 1/4
6. DATE OF BIRTH (month, day, and year)	norch. 18. 1864	l last saw h im alive on March 5, 1937; death l	s said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 9.45 P.m.	
72 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11, Total time (years) spant in this occupation	Sarcoma of left humerus. Sep 193  Primary in left humerus (base). Quele R  Ouration: sight wonths.  Other Contributory Causes of importance:	
	of C.		
14. BIRTHPLACE (city or town)	ma	Name of operation Dete of	No
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Tymny Co. Tymny Co. Strong. C. Strong.	What test confirmed diegnosis? Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, sulcide, or homicide? Date of Injury 19.  Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	00	Manner of injury	
Place Ma.	Date	Nature of injury	
19. UNDERTAKER (JA) 130. (Address)	long and	24. Was disease or injury in any way related to occupation of deceased? NO	
20. FILED 3 - 8-, 1937 67	Resistar.	(Signed) F.T. Campbe(1 (Address) Hagerstown, Md.	M. D.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	HYSICIAN
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V. S. No. 1 ä ż

item of infor-

				F MAR'	YLAND-	CERTIFICATE OF DEATH	3375
1.	1. PLACE OF DEATH					(F7.C)	
	County Washington					Registration Dist. No.	2
	Village or C	ity Hag	erstow	n		No. 312 N. Johanthan st.	5 Ward
	Langth of resi	dence in city	or town where d	leath occurred	(If	No. 512 No JONANTHAN St., death occurred in a horpital or institution, give its NAME instead of street and str	number)
	1100						
2.				ward Ov		If U. S. Veleran, specify WAR	
	(a) Residen	ce: No. 21	2 N. J	ohanthan (Usual place		St., Ward.  If nonresident give city or town and	State
	PERSON	AL AND	STATISTI	CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. S		4. COLOR		5. SINGLE, MARI		21. DATE OF DEATH	
	Male	Co	lored	OR DIVORCED	(write the word)	March 6	, 193 7
5a. 1				1 DIII	816	(Month) (Oay)	(Yeer)
	f marriad, widow HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attebuted Mess 7, 1937, to Mass 9.	daceasad from 19 3ブ
6. D	ATE OF BIRTH	month, day, a	nd year)	March :	2.1937		; death is said
7. A	GE Yea	rs	Months	Oays	If LESS than	to have occurred on the data stated above, at	pre
	0		0	4	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
z	8. Trade, profes	slon, or parti ork done, as	cular				Date of onset
의	SAWYER,	BOOKKEEPE	R, etc	None		Primary Cause: Congenital patent foramen	/
JPA	9. Industry or work was	done, as SIL	K MILL.			Trales Cuto	
OCCUPATION	f O. Oate daceas: this occu	L, BANK, etc. ed last worka petion (month	d at	span	me (years) it in this		
12.		y or town)	Hage	rstown,		Other Contributory Causes of Importance:  This infant towns not premotures There!	
임	f3. NAME	Ja	mes E.	Overto	n		
I	14. BIRTHPLACE (State or	(city or town				Neme of operation Nove Dete of	1010nsv? 24
2	fs. MAIDEN NA	helma	Brook	S.		23. If death was due to external causes (VIOLENCE) fill in else the following	
MOTHER	f6. BIRTHPLACE	(eity or town	Hag	erstown	Md.	Accident, suicide, or homicide? Oate of injury	
×		country)	)		~	Where did telum earnes	
17. INFORMANT James E. Overton (Address) 312 N. Johanthan St.						(Specify city or town, county and Stal Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	e) ACE,
18.	BURIAL, CREMAT	ION, OR REN	MOVAL			Menner of injury	
				. Oate Mar	ch 8, 19 37	Neture of injury	
f9.	JNOERTAKER(Addrass) H	Fr	ed W.	Kraiss		24. Wes diseese or injury in any way related to occupetion of decessed?	00

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S./No. 1.

Registrar.

gerstown Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ano Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroentcritis 1 year

	SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I saw this	, taky on March 5th and he was apparently
resultathy Wa	o full term. No voign of lues. After wirring
cat 1200 moon on	March to be sendence danced and died
Justine diately.	I cannot with any Ideliniteless assign
any cause of	death.
1	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	(131)	
County Washington	Registration Dist. No. 362	
Village or City	" 1211 Na. 17- 120 1 -	ard
	death occurred in a hospital or institution, give its NAME instead of street and number)	siu
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmos	ds.
2. FULL NAME Newton S. Dwe	If U. S. Veteran, specify WAR	
(a) Residence: No./206 Hamilton Bl	vst 5 Ward.	
(Usual place of abode)	If nontesident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1000
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	3 ,193 7	
5a. If married, widowed, or divorced	(Month) (Year)	
HUSBAND of (or) WIFE of Map	22. I HEREBY CERTIFY. That I attended deceased fr	rom
	19 <b>36</b> , to 4/17 , 193	-/-
6. DATE OF BIRTH (month, day, and year) Que 14-1868	I last saw have alive on	aid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 13 ft. m.	
68 7 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
P. Trade profession or particular	Chrisic Indocade to Dates on	aet
B. Frade, profession, or particular kind of work done, as SPINNER, Relied Lawyer SAWYER, BOOKKEPER, etc.	" neblinite	
9. Industry or business in which	arterio - Pelensio	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Woodslopo.	other country of the product of	4
(State or country) 2md.		
13. NAME Owen		
14. BIRTHPLACE (city or town) le ove Lake	Neme of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Cordelia Levers	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Cordelia Levers 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?	
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	~~~
Was me strough	(Specify city or town, county and State)	
17. INFORMANT AC GOSTONIA MAG	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manage of Salara	
Place Aagerstown Date /20 1937	Menner of injury	
1,201	Nature of Injury	
19. UNDERTAKER 6 M. SULLEY Jones,	24. Was disease of injury in any way felated to occupation of deceased?	10
(Address) Hageslown md	if so, specify	
20. FILED 3 - 19- , 1937 / 11/20 / 100000 XX	(Signed)—Jacker Duttle	1. D.
Registrar.	(Address)	

CTATE OF MADVIAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ADD 1937	July 5,1927	Peritonitis	3 days ago	
PIREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			71	

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH (3377
infor- state UPA-	1. PLACE OF DEATH	
of jo	county V (ash: naton	Registration Dist. No. 332
item of should of OCC	Village or City Secux, Hy	No. 1. Green Row - St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS	2. FULL NAMELOW'S Plume	If U. S. Veteran, specify WAR
	(a) Residence: No. H. Sysem Now. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
Reart. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E.A.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ING NEX CT iffed	5a. If married, widowad, or divorced HUSBAND of	
S A A S	(or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
	6. DATE OF BIRTH (month, day, end year) 5 year 17-1908	
	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 15 Pm.
FOR IS A I stated properliertifica	28 8 6 - 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	No. Trade enfection or continutes	were as follows:
HIS be be of	Kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc	16/5 Diseas 2 2040.
RESERVED G INK—THIS GE should be that it may be ons on back of	Q Industry or business in which work was done, as SILK MILE.	Luberenevais o Vidues 5 42
SERV NK-T should it may	9. Industry or Dusiness in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Data deceased last worked at 11. Tetal time converging month and this converging month and the converging m	8 7 7
ESE INK E sh at it	this occupation (month and yaar)	
7 - 0	Barrel	Other Contributory Causes of importance:
IN DIN so uction	(State or country)	
MARGIN UNFADIN supplied. A terms, so		
UN UN ter ter in	T.	
ro	2 14. BIRTHPLACE (city or town) taxxi & on burg (State or country)	Neme of operation
	E 15. MAIDEN NAME Alice Williams	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
a ii a	E IS DIDTUDI ACT CITY OF A COLOR	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
id be can DEATH y import	16. BIRTHPLACE (city or town) his tyle (State or country)	Where did injury occur?
be imp	17. INFORMANT Dester H- Plune.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	(Address) Hager Storm and.	
TE PI shou E OF	18. BURIAL, CREMATION, OR REMOVAL CLEAR	Manner of injury
	Placa Hay eys town Data Man 3, 19.37	Netura of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER ALLS. COSSIMOU	24. Wes disease or injury in any way related to occupation of decaased?
S. No. 1 B.— T.	(Address) Hager Strum, Und	If so, specify
93	20. FILED 3-24-1937 College House	(Signed) P. D. Carefold M. E.
A A	Registrar.	(Address) Hagerstown Mg.
Mr. 13:9	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	marce lyfb.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	iritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1937	July 5,1927	Peritonitis	3 days ago
4	WITEFALL V. S.	, ,		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				-110641127

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
----------------------------	---------------------------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03378
1. PLACE OF DEATH	95-0
County Mashinglow	Registration Dist. No. 302
Village Dr City	No. Wash 16. Uto St., 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  2 ds. How long In U.S. if of foreign birth?
2. FULL NAME 4 P. Roll	
and Mark	St. / Ward.
(a) Residence: No. 7.44 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYDREED (audit the word)	21. DATE OF DEATH 3
Sa. If married, widowed, or divorced	(Month) (Day) · (Year)
HUSBAND of alice. V Park	22.   HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year)	l last saw have alive on 9-/>- 1907; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7, 3, 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	M. Inchistor 20 don
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked et this occupation (month and spant in this occupation occupation occupation	
Page de la constante de la con	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)  (State or country)  Washe for	Carling and and
13. NAME Daire Pase	Seril de
14. BIRTHPLACE (city or town) Qancasto Pa	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Roleman	23. If death was due to externel causes (VIDLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Dant Comme	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country) Daub Know	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Elmer Stibelle House House	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Jace Censely Date 1 22, 19.39	Nature of Injury
19. UNDERTAKER TO AB ABOUR	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Smithy grap	If so, specify
20. FILED 3/27/, 19.37 0111111111111111111111111111111111111	(Signed) M, D
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13379)
1. PLACE OF DEATH	9
County Masternal (m)	Registration Dist. No. 382
Village or City Nagerstown - Ila	sho. to D. VI Lestelal St. 3 Ward
(If	death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence In city or town where daath occurredyrs,mos	
2. FULL NAME Auna Mary	Red If U. S. Veteran, specify WAR
(a) Residence: No. Jean Plean Fring.	Styld Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ternalo Mute OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced	(month) (Day) / (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
	/filich 15 ,1932, 10 17 11ch 18 ,1937
6. DATE OF BIRTH (month, day, and year) faw- 16, 1987	I last saw h.s. C. alive on Dave Ch. 1 5 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.130 m.
2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaasad last worked at this occupation (month and	CX NUMBER OF THE PROPERTY OF T
9. Industry or business in which	Broncho-prienoria, 2
work was done, as SILK MILL, SAW MILL, BANK, atc	Houte desandary
10. Date decaasad last worked at this occupation (month and spent in this	
yaar) ogcupation	
Mash to quetil	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Pertuorio sinte
1 (61)	
I COMPANY	
14. BIRTHPLACE (city or town)	Nama of oparation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comme Change	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CASHA MC COMMENTS  16. BIRTHPLACE (city or town) - Marke for sometry)	Accident, sulcide, or homicide? Date of Injury 19
S (State or country)	Where did Injury occur?
IT INFORMANT A FEBRUARY A FEBRUARY	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	7.N.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lang I book Usan May 2/-1913	
B. F. P. O.	Nature of Injury
19. UNDERTAKEN SUIJAON - Jantary	24. Was disease or injury in any way related to occupation of decaesad?
(Address) Clark Style , M.	If so, specify
20. FILED 3 - 31, 19.87 6 May 173000	(Signed) M. U.
Registrar.	(Addrass) 1d. G. W. J. Jose elydon 25
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	SELL V. S.				
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			A CONTRACTOR OF THE CONTRACTOR		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltirage Requesting V. S. No.

Registration Dist. Nr. MEDICAL CERTIFICATE OF DEATH That I ettended deceased from : death is said Date of onset ----- Was there an autonsy? Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6 1937	and the state of t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1 N. B.

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	-	1	3	1	2
1	1	()	2)	1	-

1. PLACE OF DEATH	Registration Dist. No. 307  No. 335 Liberty St. 4 Ward of death occurred in a horpital or institution, give its NAME instead of street and number)			
County Washington Village or City Hagerstown				
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Joseph Ritenour.	If U. S. Veteran, specify WAR			
(a) Residence: No. 335 Liberty St (Usualplace of abode)	St., 4 Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March 24  (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from			
(or) WIFE of				
6. DATE OF BIRTH (month, day, and year) Oct. 25, 1857	I last saw h alive on, 19; death is sald			
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  Oate of onset			
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc Laborer  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10: Date deceased last worked at this occupation (month and spent in this	Cosonary occlusion			
this occupation (month and spent in this occupation  12. BIRTHPLACE (city or town) Page County (State or country) Virginia	Other Contributory Causes of Importance:			
	mural debility			
14. BIRTHPLACE (city or town) Unknown (State or country) Va.	Name of operetion			
# 15. MAIDEN NAMEINKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
17. INFORMANT Welfare Association (Address) Hagerstown, Md.				
18. BURIAL, CREMATION, OR REMOVAL PlaceHagerstown, Md. Date Mar. 26, 19 37	Manner of Injury			
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md.	24. Was disease or Injury In eny way related to occupation of deceased?			
20. FILED 3 - 26-, 1937, WHALITTO RESISTAR.	(Signed) Address as True Colonia			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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1. PLACE OF DEATH	8 500
County Washington	Registration Dist. No. 130
Village or City Hagerstown	No.836 Maryland Avenue St., 2 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
Citi D	yisys
2. FULL NAME Stillborn Daby KOUZEE	If U. S. Veteran, specify WAR
(a) Residence: No. 836 Maryland Avenue (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (porite the word)	21. DATE OF DEATH  March 14, 1937.  (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. March 14 197 March 14. 1931
6. DATE OF BIRTH (month, day, and year) May, 14, 1937	Hast saw how aire bold from Worch 14, 19 17; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
0 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Sullrigh
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spant in this year)	
Hogerstown md.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Edgar Lecrone	
E Classic Canada	
14. BIRTHPLACE (city or town) Cham burshing (State or country)	Name of operation Oate of Oate
	What test confirmed diagnosis?
H lines at som	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Way (State or country)	Where did Injury neare?
17 INFORMANT Blanch Run zee.	(Specify city or town, county and State)
17. INFORMANT (Address) Common Strum, Mal	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Hagerstown, Md. Date Mar. 18, 1937	Nature of injury
19 HNDERTAKER Fred W. Kraiss,	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Fred W. Araiss, (Address) Hagerstown Md.	Af so, specify
3-17- 31 10 46 1 HB-110	(Signed) M. D.
20. FILED Registrar.	(Address) Stagentinon No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis PR 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	magnine 1		
Other contributory causes of importance:	1100000000	Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

03355

99-6	0
Registration Dist. No. 30	
St., a hospital or institution, give its NAME instead of street and n	Ward
ow long in U.S. if of foreign birth?yrsmo	umber) sds.
/	sus.
7-1-	
Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
of DEATH.	4
(Month) (Day)	(Year)
HEREBY CERTIFY. That I attended d	eceased from
1. 1957, to Lily .	, 19
elive on	death is said
ed on the date stated above, at	
L CAUSE OF DEATH and related ceuses of importence s:	0.4. (
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a borroa.	12m 1911
tory Causes of importance:	7-1-156
Sorts	9am 197
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rmed diagnosis? Was there an au	topsy?
due to external causes (VIDLENCE) fill in also the following:	
	, 19
(Specify city of town county and State)	
(Specify city or town, county and State) r injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
у	
<b>/</b>	
or injury in any way related to occupation of deceased?	N
24	
Walter & Splat	2M.D.
Charle huma	n de la

state

1. PLACE OF DEATH

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. V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

V. S. Mo.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
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Cerebral hemorrhage937	July 5,1927	Peritonitis	3 days ago
enoeau V. S.	}		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-	-CERTIFI	CATE	OF	DEAT	Ή
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03385

County Washington  Village of the Pinesburg near Williamsport No.  Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mc  2. FULL NAME Betty Jane Shank  (a) Residence: No. Pinesburg  St. Ward.	osds.
Village or City Pinesburg near Williamsport No.  St.,  (If death occurred in a horpital or institution, give its NAME instead of street and r Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mo  2. FULL NAME Betty Jane Shank  If U.S. Veteran specify WAR.	number)
2. FULL NAME Betty Jane Shank  If U.S. Veteran specify WAR.	osds.
2. FULL NAME Betty Jane Shank If U.S. Veteran specify WAR.	000000000000000000000000000000000000000
GO B 11 N This are less are	State
(a) Residence: No. Pinesourg St. Ward.	State , 193 7
(Usual place of abode) If nonresident give city or town and	, 193.7
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4 COLOR OF RACE  S SINCLE MARRIED WIDOWED  23 DATE OF DEATH	, 193 7
Female White Single 21. DATE OF DEATH  Single 21. DATE OF DEATH  OR DIVORCED (write the word)  Single 21. DATE OF DEATH  OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) August 2, 1935  I last saw here alive on Mar 21, 1937.	, 19.3.7~ ; death is seld
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 8 9. m.	
7 19 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Man !!
S. Hade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this programment) and this occupation (month and this programment).	
ID. Date deceased last worked at this occupation (month and spant In this yaar)	
12. BIRTHPLACE (city or town) Pinesburg Other Contributory Causes of importance; (State or country) Maryland.	?
13. NAME George Luther Shank (hacke of me	Ma. 71
13. NAME George Luther Shank  14. BIRTHPLACE (city or town) Near Charleton, Name of operation antubation.  (State or country) Maryland.  What toet confirmed discretical forms.	
15. MAIDEN NAME Argret Ellen Mills 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?  Ostata or country) Maryland.  Where did injury occur?	
17. INFORMANT George Luther Shank Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAN (Address) Pinesburg.	CE.
18. BURIAL CREMATION, OR REMOVAL Clearspring Place Pauls ear Date Jarch 22, 1937 Natura of Injury	
19. UNDERTAKER Mrs. Edith V. Leaf (Address) & Church Street, VIII amsport If so, specify	no.
20. FILED Near, 2 1937 Co. Co. Bickard (Signed) David A. Sylver (Addrass) Clar & Spring	Md. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	STEEL STATE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

11	-1	3		1	à
V	(1	()	3	9	9

1. PLACE OF DEATH			(157-2)	
County Washington			Registration Dist. No.	301
Village or William	sport M	d.	No.	St Ward
Length of residenca In city or town where	death occurred	yrs. 6 mos	f death occurred in a hospital or institution, give its NAME instead of all s	reet and number)
2. FULL NAME Katherin	e Joan S	hank '	If U.S. Veteran specify WAR	
(a) Residence: No. 121 Con	OCOCheag (Usual place o		t St., Ward.  If nonresident give city or t	town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE White	s. SINGLE, MARR OR DIVORCED Singl	(write the word)	21. DATE OF DEATH Auch 4	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本	12	1936	22. I HEREBY CERTIFY, That I  -4-37, 19, to 3-4-  I last saw h alive on 3-4-37	3/, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 21	II LESS than I day,hrs. ormin.	to have occurred on the date stated above, at. 5	19; death is said
SAW MILL, BANK, etc.   10. Date deceased last worked at this occupation (month and), which was not so contained the society of the society	ile alpe alpe alpe alpe alpe alpe alpe al	東東東京東東東 ne (years) tin this 東東東東 pation	Saturatoromen Ova	le_ 8-11-36
12. BIRTHPLACE (city or town) William (State or country) Marylan	psport,		Other Contributory Causes of Importance:	ew 1937
13. NAME Charles Show				
13. NAME Charles Show 14. BIRTHPLACE (city or town) Hage (State or country) Maryla	rstown,		Name of operation	
15. MAIDEN NAME Ruth Sha		0-0	23. If death was dua to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME Ruth Share 16. BIRTHPLACE (city or town) Chare (State or country) Mar	yland.	aryland.	Accident, suicide, or homicide? Data of Injury  Where did injury occur?(Specify city or town, county  Specify whather injury occurred In INDUSTRY, In HOME, or In PU	v and State)
(Address)   IIIIams	port MD			
18. BURIAL, CREMATION, OR REMOVAL Place Creen Lawn C	enbac Marc	h 6 ,19 37	Manner of injury	
19. UNDERTAKER Edith V. (Address) Williams	heal	pld.	24. Was disease or injury In any way related to occupation of dece-	
20. FILEDO Mars 5, 19 \$ 2 60	to bick	ard Registrar.	(Signed) (Address) Agential	MD. M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 APR 7 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	Tri manufac

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on 1:50. 0 a13. 5/4/37. 8	the state of the s
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V. S. No. 1

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STATE O	F MARYLAND—	CERTIFICATE OF DEATH	133341
1. PLACE OF DEATH		73-C	
· County // ashum	elon	Registration Dist. No. 30	2
Village or City Ttage	slown (II	No. St., death occurred in a hospital or institution, give its NAME instead of street and r	
Length of residence in city or town whera de	eath occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsme	osds.
2. FULL NAME John	a. Sun	If U. S. Veteran, specify WAR	
(a) Residence: No. 7/8	Forest	St., S Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
Jewale White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	idow	22. I HEREBY CERTIFY, That I attended  arely 17 1937 to West 16	deceased from
6. DATE OF BIRTH (month, day, and year)	ecz 4-1858	I last saw h. lea alive on West 16 ,1937	; death is said
7. AGE Yoars Months	Days If LESS than	to have occurred on the date stated above, at 12m.	
78 2	23   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Homerviso	Cho Mejocardetes	Jan 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	4 .		-
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town)	2	Other Contributory Causes of importance:	War 17
	black	-	-
13. NAME	nisbung	Name of operation Love Date of	-
(State of country)	Fa. J	What tast confirmed diagnosis?	autopsy?
15. MAIDEN NAME Mary	4. Hallagh	13. If death was due to external causes (VIOL ENCE) fill in also the following	g: /
15. MAIDEN NAME May		Accident, suicide, or homicide? Date of Injury	, 19
Stata or country)	1 0	Whera did injury occur? (Specify city or town, county and Sta	(e)
17. INFORMANT MAS aux	uel Comac	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	3/10/	Manner of Injury	
Placa A gerstow	Data , 19.3	Natura of injury	
19. UNDERTAKER 6 M. S.	utut sons	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	allita inco	If so, specify (Signad) ( Wheef P Comma	d M D
20. FILED. 21. I, 193. 1. M.	Registrar.	(Address) Itages owy, I	ld

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	To the state of th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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and a complete of the state of			
death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
tis ACE	1921	Run over by street car	1 week ago
MIRPAU V. S.	July 5,1927	Peritonitis	3 days ago
ses of importance:	Mau 1.1923	Other contributory causes of importance:  Gastroenteritis	1 year
t	ollows:	1915 1921 1921 July 5, 1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Sees of importance:  Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement 2. FULL NAME well still (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR FOR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) nidower (Month) BINDING 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of , to 121 at 23. 1937 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months **Oavs** If LESS than to have occurred on the date stated above, at 2-4 I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance \_\_\_ min. Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc ... OCCUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ may should 10. Data deceased lest worked at II. Total time (years) spent in this this occupetion (month and occupation ..... instructions Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See plain (Stata or country) efully What test confirmed fiagnosisi MOTHER 15. MAIDEN NAME E 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Oata of Injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17, INFORMANT. should (Address) 18. BURIAL CREMATION, OR REMOVAL Mannar of injury \_\_ < Nature of injury\_\_\_ 24. Was diseese or injury in eny way related to occupation of deceased 19. UNDERTAKER V. S. No. 1 If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I	the same and the property of the same and th		Example II	
The principal cause of death and related causes pate of onset of importance were as follows:			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6	1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis		2001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. 5	July 5,1927	Peritonitis	3 days ago
L.	A CONTRACT OF THE PARTY OF THE				
Other contributory causes	of importance			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH
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7.4	STATE OF MARKETERING	OLIVINI 10/11 OF DE/1111
infor state	1. PLACE OF DEATH	(b)
of infor ould stat OCCUPA	county Wash? naton	Registration Dist. No. 50 4
= = .	Village or City Hay or stown	No. 17 Public Squarest. 3 ward
.= 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS Int	Length of residence in city or town where deeth occurredyrs,mos.	2 .11-
ORD. Every HYSICIANS t statement	2. FULL NAME Gay Small wood	Jm. Th. If U. S. Veteran, specify WAR
D. SIC	(a) Residence: No. 14 Cub 1: c Squar	st., 5 Ward.
ORD. Every PHYSICIANS oct statement	(Usual place of abode)	If nonresident give city or town and State
R. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
22. 6	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
IG ENT T L ed.	Neural white single.	(Month) (Day) (Yeer)
DING ANEN Ssifted	5e. If merried, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY / That I attended deceased from
BINDING PERMANEN EXACTI y classified i.e.	(or) WIFE of	The 10 1937 to March 20 19 37
BIND) PERMA E X A Iy class ate.	6. DATE OF BIRTH (month, day, end yeer) VVV 7- 1930	Hest saw h. F. P. elive on Marketh 34 19 37; deeth Is said
B PF	7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, at 1030 17.
FOR B. IS A PE stated E properly certificate	6 4 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related couses of Importence were as follows:
F( IS sta pro	8 Trade profession or perticular	were as follows:
ED HIS be be of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked et 11. Total time (years)	1 of Marie
RVE c—TI ould may back	9. Industry or business in which work was done, as SILK MILL,	
SERVI NK-T should it may n back	SAW MILL, BANK, etc	
INK INK S sh t it	O this occupetion (month end spent in this	
	yeer) occupetion	Other Contributory Causes of Importence:
ZATO	12. BIRTHPLACE (city or town) 5, tagex sto um.	
ARGIN UNFADI upplied. terms, so	(State or country)	
MARGI UNFAI supplied. n terms, ee instru	II 13. NAME Charles Smith	
MAH UH Usun to	14. BIRTHPLACE (city or town) LM CLY TIMS DUYS	Name of operation
	(State of country)	Whet test confirmed diegnosis?
INLY, Wrfl be carefully EATH in pla	15. MAIDEN NAME atterine Small wood  16. BIRTHPLACE (city or town) MCYCEYS bury	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
Y, car H	5 16. BIRTHPLACE (city or town) MCYCers bury	Accident, suicide, or homicide? Date of injury, 19
NL be SAT mpc	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT Mrs Cuth Lenhant	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
E Philoshould OF D	(Address) Haylystown. Wed	
F (1)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITT ATION ION i	Piece I WY STOWN Date J. I WX 21, 195	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER ( ) - K · CO & S mare	24. Wes disease or injury/1 any wey related to occupation of deceesed?
Z &	(Address) Hagerstown Jul	If so, specify
si .	20. FILED 3 - 20-193 20 Mass 11/2 occures	(Signed) M. D.
2 00	Registrar.	(Address)
B. 1 Deadl	If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 03334
County Washington	3.16
	Registration Dist. No. 306
Village or City Smithsling	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(h)	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harvey R. Spess	and If U. S. Veteran, specify WAR
(a) Residence: No. Imithaling	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
Male White Married	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Bessie m Spead and	22. I HEREBY CERTIFY, That I attended deceased from 1937, 10 Mar 4, 1937
May 1 1818	I last saw hand elive on Over 3 , 1937; deeth is seid
6. DATE OF BIRTH (month, dey, and year) // AGE Years   Months   Deys   If LESS than	to heve occurred on the date stated above, et 8. Am.
10 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
R Trade profession or particular	were es follows:  Date of onest  1935-
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	& Pauleren
9. Industry or business In which	0
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)  this occupation (month end 9.3.6	
year) Occupetion year	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Chewarely	
(State or country) Mg.	
14. BIRTHPLACE (city or town) Chewrylle	
14. BIRTHPLACE (city or town) Chewrythe	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Mary & Zentmyer 16. BIRTHPLACE (city or town) Ringold Diet	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) ungold deet	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur?
17. INFORMANT Mys Besse M Spessarc	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smithaling Ma.	
18. BURIAL, CREMATION, OR REMOVAL Place Smithsting March 6, 1937	Menner of Injury
Travel Villa	Nature of injury
19. UNDERTAKER STATE TO MUNICA JOB (Address) Surgerelation much	24. Was disease or Injury In eny wey releted to occupation of deceased?
7 / 2 00 17	(Signed) Of Distance M. D.
20. FILE March 5, 1927 Lea W Jerguson Recisiver.	(Address) - Smithsburg (Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

11 7 3 13 13 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

II	
nd related causes	
	1 week aga
	1 week ago
	3 days aga
portance:	
	1 year
	ortance:

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	3335
1. PLACE OF DEATH	9320	
County Washington	Registration Dist. No. 32	52
WITE A STORY OF THE COURT OF	negistration bist. No.	2
Village or City rougelatour	death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurred 4 Zyrs 8 mos.		ds.
2. FULL NAME Mar H. Shilm	7.1 11 111	100
1/1/2 20. 117	If U. S. Veteran, specify WAR World W.	<i>w</i>
(a) Residence: No. //6/2 / . Miller (Usual place of abode)	St., Ward.  If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	March 21	193 7
mare when married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended di	eceased from
(or) WIFE of Page E. Sprelman	June 22, 1936 10 March 21	1937
C DITE OF PURTY (2004) (2004) (2004)	Hast saw h All alive on March 20 1937	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Month Days If LESS than	to have occurred on the date stated above, at 3 . A . m.	2001.110 0010
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7 / 1 0   ormln.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEFPER, etc		
	Munua Cossession to	10/72/7
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc	The state of the s	
10. Data dacaasad last worked at 11. Total time (years)	\\\\\\\\\\	
this occupation (month and year) spent in this 30		
He cleator a	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) Surgery (Stata or country)	Clarita del tata trans	入りす
13. NAME Frances H. Shielman		יויייןני
13. NAME June 1. Specimen	7 7-01-0	
14. BIRTHPLACE (city or town) Tugustown	Name of oparation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME Anne Inshburgh	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State	
17. INFORMANT HAY mm C. Shulman	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Kaglikhun md		
18. BURIAL, CREMATION, OF REMOVAL	Mannar of injury	
Place All globours Ma Date March 23, 1937	Nature of injury	
10 HUDGOTANGO Sept 7 Minnich 88 Son	24. Was disease or injury in an way related to occupation of deceased?	
19. UNDERTAKER Story Trumica Volume (Address) Hagliston Md.	If so, spacify	
2 22 122 May 1443	(Signad)	M.D.
20 FILED 3 - 4 3- 193/ WINDUITIZOCUEN		7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting US. No. 1.

(Address) \_\_\_\_\_

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Registrar.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage A 1037	July 5, 1927	Peritonitis	3 days ago
A HUSSALL V S.			
Other contributory causes of importance:		Other contributory causes of importance:	E2.7.15
Gallstones	May 1,1923	Gastroenteritis	1 year

A-A-	STATE OF MARTLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	93-2
M of M	county YVashington	Registration Dist. No. 302
item of should of OCC	Village or City TTO O CYSTO 400	No. 107. No Foundry St. 5 Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	- 11 01	ds. How long in U.S. if of foreign birth?yrsmosds.
CIA	2. FULL NAME James H. Stickley	If U. S. Veteran, specify WAR
ORD. HYSI t stat	(a) Residence: No. 107 No 1-0 wild y 1/	St., 5 Ward.  If nonresident give city or town and State
ORD, Ever. PHYSICIAN ict statemen	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Race France	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
H >- 1	OR DIVORCED (write tha word)	march 24, 1937.
TL EN	5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
BINDING EXACT y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
clas Class	Florence H	Mar. 10, 193/, to har 2 2, 1937
BI BI E E	6. DATE OF BIRTH (month, day, and year) fan. 15, 18/2	I last saw h_ Lad alive on
R A I ed	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	67 20 G ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, Grant Rongkreper atc	Chroner myorasdi'is 193
THI DA P	9. Industry or business in which	Charles - Heart 3/22/
RVI COULD	work was dona, as SILK MILL, Ket. Yet. Yed.	150 1 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9
SE NE SE NE	10: Oate dacaasad last worked at this occupation (month and spent in this occupation)	
RES 1	this occupation (month and year) 157 - 1436 spent in this occupation 10475	Othar Contributory Causes of importance:
NATO	12. BIRTHPLACE (city or town) Styaws burg	Chr. arthretis 193:
ARGIN JNFADI pplied. terms, se	(State or country)	
MARG] UNFA supplied n terms, ee instri	13. NAME Javid H. Stickley	
	13. NAME Javid H. Stickley  14. BIRTHPLACE (city or town) Styaus puring	Name of operation Dete of
Ily Salai	(Stata of country)	What test confirmed diegnosis? Cluve Was there an autopsy?
WITH WITH efully su in plain ant. See	15. MAIOEN NAME War Jerkins -  16. BIRTHPLACE (city or town) 3 traws burg	23. If death wes due to external causes (VIDLENCE) fill in also tha following:
	[ 16. BIRTHPLACE (city or town) 3 traws burg	Accident, suicide, or homicide? Date of Injury, 19
NI N	(State or country)	Whare did Injury occur? (Specify city or town, county and State)
PECINITY, should be can OF DEATH very import	17. INFORMANT D. Earl Stickley	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PER Should OF D.	(Addrass) - ager Stown Will RHO.	M
E S E	Place Haglys town lew Dotellaw 1937	Mannar of injury
-WRITE mation stands TION is	ndca 11	
FOF	19. UNDERTAKER ( ) (Addrass)	24. Was disease or injury in any way related to occupation of daceased?
B. No	2 22 22 Pales Addition of	If so, specify (Signed) A raker & Wells M. D.
××	20. FILED 2	(Address) 1/522 Petamer &
D. Wells		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	9
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and the second state of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			=0:= i(0:A)

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH item of Registration Dist. No. (If death occurred in a hospital or institution, give it NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) BINDING 5a. If marriad, widowad, or divorcad HUSBAND of 1 HEREBY CERTIFY. That I attanded decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated chove, at -1 day, ...-hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or .... min. Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ OCCUPATION RESERVED Jo 9 Industry or business in which may work was dona, as SILK MILL, SAW MILL, BANK, etc..... no 10. Data deceased last worked et 11. Total time (yaars) this occupation (month and yaar) spent in this occupation 20475 instructions (Stata or country) FATHER Name of operation. plain (Stata or country) What test confirmed diagnosis?\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? .... (Specify city or town, county and State) DE Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should (Addrass) OF 18. BURIAL, CREMATION, OR REMOVAL CAUSE NOIL Nature of Injury .... 24. Was disaase or injury in any wa (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis on a 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PARENT V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

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V. S. No. 1

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	9370	
County Mashing Con	Registration Dist. No. 3 4	06
Village or City heart Smithshun	No.	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and	
GII M TA	4	10\$
2. FULL NAME TOLE III. GLOUL	emye If U. S. Veteran, specify WAR	0
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE GR DIVORCED ("write tha word) OR DIVORCED ("write tha word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The College College (Or) WIFE of The College Coll	22. I HEREBY CERTIFY, That I attanded	dacaased from
6. DATE OF BIRTH (month, day, and year) Mch 36-186	I last saw han aliva on anai 14 1987	dooth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 630 gm.	_, ueath 15 5010
70 // /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	0	Date of onset
kind of work dona, as SPINNER, Hausewalk	Chrone & Mys caralta	1934
S. Industry or business in which		1
work was dona, as SILK MILL, Own Kann	9	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date daceasad last workad at this occupation (month and Mcl. 3 spent in this occupation, 45 occupation).		-
12. BIRTHPLACE (city or town) Near Syntholing	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Mean Synthology (State or country)	Other Contributory Causes of Importance:	3 ham
12. BIRTHPLACE (city or town) Mean Synthology (State or country)	Other Contributory Causes of Importanca:  Name of operation	3 kam
12. BIRTHPLACE (city or town) Near Angultaching (State or country)  13. NAME Aran 6. Solle  14. BIRTHPLACE (city or town) Formula (State or country)	ustlina	
12. BIRTHPLACE (city or town) Near Angultaching (State or country)  13. NAME Aran 6. Solle  14. BIRTHPLACE (city or town) Formula (State or country)	Name of operation	autopsy?
12. BIRTHPLACE (city or town) Mean Significant occupation. 40  13. NAME Can Country)  14. BIRTHPLACE (city or town) Formulf Many  (State or country)  15. MAIDEN NAME Many  16. BIRTHPLACE (city or town) Farmulf	Name of operation Date of What tast confirmed diagnosis? Was thara an	autopsy?
12. BIRTHPLACE (city or town) Mean Synthology (State or country)  13. NAME Suram 6. In the suram (State or country)  14. BIRTHPLACE (city or town) Formula (State or country)  15. MAIDEN NAME Many Contact or country)	Name of operation Date of Was thara an 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Whara did injury occur? (Specify city or town, county and Sta	autopsy?g:
12. BIRTHPLACE (city or town) Mean Smuthshing (State or country)  13. NAME  14. BIRTHPLACE (city or town) Formulf (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Farmulf  16. BIRTHPLACE (city or town)	Name of operation Date of	autopsy? g: , 19
12. BIRTHPLACE (city or town) Mean Significant occupation. 49  13. NAME Significant of the state of country)  14. BIRTHPLACE (city or town) Formula (State or country)  15. MAIDEN NAME May 16. BIRTHPLACE (city or town) Formula (State or country)  17. INFORMANT MAR May 17. INFORMANT MARKET	Name of operation Date of Was thara an 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Whara did injury occur? (Specify city or town, county and Sta	autopsy? g: , 19 te) .ACE.
12. BIRTHPLACE (city or town) Mean Angultaburg (State or country)  13. NAME Angultaburg  14. BIRTHPLACE (city or town) Farmulat (Stata or country)  25. MAIDEN NAME Many  16. BIRTHPLACE (city or town) Farmulat (Stata or country)  17. INFORMANT Many  17. INFORMANT Many  18. Many  18. Many  19. Many  19. Many  19. Many  10. Many  11. INFORMANT Many  12. Many  13. Many  14. Many  15. Many  16. Many  16. Many  17. INFORMANT Many  18. Many  18. Many  19. Many  19. Many  19. Many  19. Many  19. Many  10. Many  10. Many  10. Many  11. Many  12. Many  13. Many  14. Many  15. Many  16. Many  16. Many  17. INFORMANT Many  17. Many  18. Many  18. Many  18. Many  19. Man	Name of operation	autopsy? g: , 19 te) ACE.
12. BIRTHPLACE (city or town) Mean Synthology (State or country)  13. NAME Can Country  14. BIRTHPLACE (city or town) Farmulation (Stata or country)  15. MAIDEN NAME Many Contact or country)  16. BIRTHPLACE (city or town) Farmulation (Stata or country)  17. INFORMANT Many Mendall (Address) Single Mendall Place Tall Date Mch. 19,193	Name of operation	autopsy? g: , 19 te) _ACE.
12. BIRTHPLACE (city or town) Mean Significant Country)  13. NAME Country  14. BIRTHPLACE (city or town) Farmed May (Stata or country)  15. MAIDEN NAME May (Stata or country)  16. BIRTHPLACE (city or town) Farmed May (Stata or country)  17. INFORMANT (Stata or country)  18. BURIAL, CREMATION, OR REMOVAL Place FARMED Date Mcl. 19,1937	Name of operation Date of	autopsy? g: , 19 te) .ACE.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 14

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUSPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF	STATE (	JE MAK	ILAND	CERTIFICATE OF DEATH	401
County	Washing	Ton		Registration Dist. No. 30	2
Village or City	Hager	stoure	Port#1	No. St. Z	Wa
Langth of residen	ica In city or town where	death assured		f death occurred in a hospital or institution, give its NAME instead of street and numl	ber)
	0400	astir occurred	yrsmo	11-110-	
2. FULL NAM	4	theld a	Jours A.	Ollanda Veteran, specify WAR	
(a) Residence:	No. Tyagers.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and Stat	te
PERSONA	L AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	A do of a
Mile	White	S. SINGLE, MAR	RIED, WIDOWED,  D (write the word)	21. DATE OF DEATH March 21 (Day) 19	(Year)
5a. If merriad, widowed, HUSBAND of (or) WIFE of	or divorced			22. A. HEREBY CERTIFY, That I ettanded dece	eased fr
(OI) WIFE OI				9/10 21- 01 137 10 Web 21	190/
6. DATE OF BIRTH (mo	onth, dey, and year)	lav. 21	1937	I last sew harres with town - 3-21-, 1927 -de	eath is s
7. AGE Years	Months	Oays /	If LESS than 1 dey,hrs.	to have occurred on the date stated above, et	
			ormin.	ware as follows.	ate of ons
8. Trade, profession kind of work	n, or perticular k done, as SPINNER, DOKKEEPER, etc			The state of the s	
kind of worl SAWYER, BO 9, Industry or bus work was do SAW MILL, 10. Date deceased	iness in which one, as SILK MILL,			The Comments	
SAW MILL,	BANK, etc	1		(Kreace	
10. Date deceased this occupet year)	ion (month end	Spe	ima (yaars) nt in this upation	V 9 9	
	2/	/- /F	7 +#1	Other Contributory Causes of importance:	
2. BIRTHPLACE (city o (State or country		ours-file	oule	-	
13. NAME Z	ris Sto	111	er .	-	
13. NAME 14. BIRTHPLACE (c	ity or town)	all to	win	Name of oparation Date of	
(State of co.			md A	Whet test confirmed diagnosis? Was there an autop	psy?
15. MAIDEN NAME 16. BIRTHPLACE (c)	Elizabeth (	Calkerin	e Korner	23. If daath was due to external ceuses (VIOLENCE) fill in also the following:	
		dysir	ele	Accident, suicide, or homicide? Date of Injury	., 19
≥   (Stete or co	untry)	A+10-	Juld.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	ours of	ollfmen	er to	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATIO	N, OR REMOVAL	Mount	Paule 1	Manner of injury	
Pleca Than	ers lown	Oate Mas	22,1937	Neture of injury	
19. UNOERTAKER	7 K. Cald			24. Wes disease or Injury in any way releted to occupation of decaasad?	
(Addrass)	Was	essteres	, md	If so, spacify	
20. FILEO 3 - 4 3	3-,1937	12 hart	Boover	(Signad) Jeane William Will	М
	,		Registrar.	(Addrass) Ptagasy	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

100	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1340)
infor- state UPA-	1. PLACE OF DEATH	
	county XX ashi naton	Registration Dist. No. 302
/\ = =	Village or City + a a CYS town	No. 145 north Hry St. 4 Ward
	(IF	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?mosds.
Every CIANS ement		
ICI E	2. FULL NAME Joseph H. Sunder land	If U. S. Veteran, specify WAR
CARD, Ever. PHYSICIAN ict statemen	(a) Residence: No. 145 My H 14 v 3 (Usual place of abode)	If nonresident give city or town and State
REC. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
TT L ed.	58. If married, widowed, or divorced	(Month) (Day) (Yaar)
H NO H	HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
ND NMA X A class	(or) WIFE of Ce.	, 19.37 , to
	6. DATE OF BIRTH (month, day, and year) Suly 29 - 186	I last saw h aliva on
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
F( IS sta pro	8 Trade, profession, or particular	wara as followed the way o Card: to Oate of onset
/ED riffs d be y be k of	8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RVI C_T ould may back	9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.	Catient Diadon
SERV INK—T should t it may on back	5 10. Oate decaasad last worked at If, Total tima (years)	Chronic myocorditias Cut parri nel
	this occupation (month and spant in this occupation to 415	Auration: 3 ar 4- garass.
	12. BIRTHPLACE (city or town) MC Ny town	Other Contributory Causes of importanca:
ARGIN JNFADI: pplied. terms, so instructi	(State or country) Pa	
4: F = 4	13. NAME No Record	
M. H. I. su su in the See	14. BIRTHPLACE (city or town) 1	Nama of operation
E fig.	# 15. MAIOEN NAME W Roeved	What test confirmed diagnosis?
1 1 10		23. If death was due to external causes (VIOLENCE) fill In also tha following:  Accidant, suicida, or homicida?
YI SHE	f6. BIRTHPLACE (city or town) \( \) (State or country)	Whare did injury occur?
Id be ca DEATH y import	17. INFORMANT Hugh M. Sunduland	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
E PL. should OF D	(Addrass) Hagers town. Web	
	18. BURIAL, CREMATION, OR REMOVAL  Place Oata 19 19 19 19 19 19 19 19 19 19 19 19 19	Manner of Injury
WRITE mation si CAUSE TION is	6 10 00 CC.	Natura of Injury
	(Address) Hacovstown	24. Was disaase or injury in any way related to occupation of daceased?
S. No.	20, FILED 3 - 10-1937 lotout 13 over	(Signad) V. Clar DMille M. D.
××	20. FILED	(Address)
Montes V. Ch	If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MIRRAII V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	sulle.
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	-		(159)		
County Cashing	ton			Registration Dist. No.	316.
Village or City Treatings	ville,		No.	n, give its NAME instead of	St., Ward
Length of residence In city or town where	leath occurred	yrsmos		oreign birth?yrs.	ds.
2. FULL NAME Thoms	20 me	Itom!	Burgan Juce	ney	
(a) Residence: No.	·		St., Ward.	<u>,</u> J	
PERSONAL AND STATIST	(Usual place of		MEDICAL CE	If nonresident give city o	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH	CHILICATE OF B	LATIT
male White	ORDIVORCED	(write the word)		3 7 (Month) (Day	193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	, 0		22. THEREBY	CERTIFY, That	I attended deceased from
6. DATE OF BIRTH (month, day, and year)	el. 18=1	1937	I last saw have elive on MA	eh)	, 19.3; death is said
7. AGE Years Months	Days 2/	If LESS than I day,hrs. ormin.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows:		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this seem in this			Benatur Ba	falletase	Date of onset
SAW MILL, BANK, etc		e (years) in thisation			
12. BIRTHPLACE (city or town) Technology (State or country)	County)	mol	Other Contributory Causes of imports	ince:	
# 13. NAME Leater 550	emajeu	V ·			
13. NAME I I I I I I I I I I I I I I I I I I I	spalme.	7	Name of operation What test confirmed diagnosis?	Wa	
15. MAIDEN NAME Mary Successor 16. BIRTHPLACE (city or town) Robringfulle (State or country)  17. INFORMANT & Lealer Successor (Address)			23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in I	S (VIOLENCE) fill In also the Date of Inj	he following: iury, 19,
18. BURIAL, CREMATION, OR REMOVAL/ Place Samples Manax		P19.3	Manner of injury		
19. UNDERTAKER C. Z. Summa	~ + 60		24. Was disease or injury in eny way		aceased? 2W -
20. FILED Mar. 8, 1937.	eli- Registrar.	(Signed) Nath	H. Shea	Jud M.D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis | A 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	103
1	. PLACE OF DEATH		
	County Washington	Registration Dist. No. 3	02
	Village or City Kamp Mill	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and necessary.  ds. How long in U.S. if of foreign birth?yrsmo	
	FULL NAME Mary Forise Ju		011111111111111111111111111111111111111
-	(a) Residence: No. Kemb Mull	St. Ward.	
mellete	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH May 18	, 193.7 (Yeer)
5a,	Il married, widowad, or divorced HUSBAND-ot Joseph E (or) WIFE of	1-HEREBY CERTIFY, That I attended	deceased from
6.	DATE OF BIRTH (month, day, end year) april 1-1866	I st saw here alive on	; death is said
7.	AGE Yeers Months Days II LESS than	the heve occurred on the date stated above, et 2.30 .m.	
	70 11 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	Date olonset
NO	8. Trede, prolassion, or particuler kind of work done, es SPINNER,		7-1-1
OCCUPATION	SAWYER, BOOKKEEPER, etc	Mocaratte humie	1737
TUP	work wes done, es SILK MILL, SAW MILL, BANK, etc	A	
00	10. Date deceased last worked at this occupation (month and spant in this occupation		
12.	BIRTHPLACE (city or town)	Other Contributory Causes ol importence:	10
_	(Stete or country)	netalientes Guara-	1/1/37
HER	13. NAME James E. M. Donald	/	
FATHER	14. BIRTHPLACE (city or town). Hamslung.	Neme of operation	
	(Stete or country)	What test confirmed diegnosis? Was there an e	utopsy?
MOTHER	15. MAIDEN NAME UMElla a. Auges	23. Il death was due to external causes (VIDLENCE) fill in also the following	
MO	16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury	, 19
17.	INFORMANT Joseph E. June	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18.	BURIAL, CREMATION, DR REMOVAL	Managediator	
	Place Heigenstown Date 3/22,1937	Manner of injuryNature of Injury	
19.	UNDERTAKER & M. Sutert Sons	24. Was disease or injury in any way related to occupetion ol deceased?	
20.	FILED 3 - 22, 19 57 West House W, Registrar.	(Signed) (Addrass) William James (Addrass)	
	Acgusta.	(Marion K. T. Jacobs )	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE	E FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

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should state

of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u> </u>	
County Washing	lem		Registration Dist. No. 3	02
Village or City		Sec.	NoSt.,	S Ward
			death occurred in a hospital or institution, give its NAME, instead of street a	
Length of residence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME UNK	notion of	hild	If U. S. Veteran, specify WAR	
(a) Residence: No.			St., Ward.	
(4) 1100	(Usual place	of abode)	If nonresident give city or town	
PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, O (rwrite the word)	21. DATE OF DEATH Monkrown (Month) (Day)	, 193_ (Yeer)
5a. If merried, widowed, or divorced			(Month) (Day)	(1661)
HUSBAND of (or) WIFE of	~		22.   HEREBY CERTIFY, That I etten	ded deceased from
(01) 1112 01			, 19, to	, 19
6. DATE OF BIRTH (month, day, end year)			l last saw h, 19	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	
		1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER.				Date of offset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc				****
9. Industry or business in which work was done, as SILK MILL,				
SAW MILL, BANK, etc	11 Total ti	ime (yeers)	-	
this occupation (month end	spei	nt in this		
) Joan		pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)			Comos 1000y Found	
(Stete or country)	11		alad superowulname	
13. NAME	/cm		of province	
13. NAME  14. BIRTHPLACE (city or town)	9-3		Name of operation	of
(State of country)			What test confirmed diagnosis? Wes there	en autopsy?
15. MAIDEN NAME	8	•	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of Injury	, 19
(State or country)			Where did injury occur?(Specify city or town, county and	
17. INFORMANT le-Edward Heard			(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) C PLACE.
(Address)	scour	~, ma.		
18. BURIAL, CREMATION, OR REMOVAL Place Bellevil 6	Date 3/1	2 ,19.3	Manner of injury	
Simporting & - Mr. &	ula ?	thous	24. Was disease or injury in any way related to occupation of deceased	?
19. UNDERTAKER (Address)	setow	4 rul	If so, specify	
3-13- 97/	MASHY	300,000	(Signed) to Codward Cosed J. G	W. D.
20. FILED 2 , 1926 (2)	1000	Registrar.	(Address Tagarland Ald,	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ADD G 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	F2211
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

County Co affice grow	Registration Dist. No.
Village or City Va 9 7 7000	Morrish Co. Hospitage 3 Ward
1 (100/1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	osds. How long in U.S. If of foreign birth?ds
2. FULL NAME Junamed U	Telhelm
(a) Residence: No. Jul. acha Road	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Macerafed Facture	22. I HEREBY CERTIFY That I attended deceased from 19, 19, 10
6. DATE OF BIRTH (month, day, and year) New 3/37	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
101/1 He carta hans 1 day, Le_hrs.	
ormin.	Were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	macerated factor
kind of work done, as SPINNER, SAWYER, BOOKKEFFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this executative (weers)	
Spant in this	,
year) occupation	Olher Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Thagfraform Jud (State or country)	Other Committee
13. NAME Walter L. Wilkelin	
13. NAME Coulter L. Coultelan  14. BIRTHPLACE (city or town). Med.	Name of operation L Date of C
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ( Lole & Suco-Reall  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
S (State or country)	
1	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagtor tour het,	300330000000000000000000000000000000000
18. DURIAL, CREMATION, OR NEMOVAL	Menner of Injury
Place work, Co. Hosp Date Mar 3, 1937	Nature of Injury
10 HANGEDTANED JUSTICE	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	
4-10- 27 6/4/45	If so, specify
20. FILED 192 / 192 / 10 Kmy 10 Couler	(Signed) Daniel C. Coralles M. D
Registrar.	(Address) / 10 9 gra tour Ind

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 6 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
To prove the control of the control			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

info	sta	UP	
Jo 1	plno	000	
iten	sh	Jo	-
3.—WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP!	
D. E	SICI	tater	
SR	PHY	ct s	
1	. ]	Exa	
ENT	LL	òd.	
ANI	A C J	ssifi	
ERM	EX	cla	9
A Pl	ed ]	erly	ficat
IS	stat	prol	corti
HIS	pe	pe	of
T	pluo	may	hack
INE	Sh	t it	00
DNG	AG]	tha	ione
ADI	d.	s, so	rinet
INF	pplie	term	inst
H	y su	ain	S.
WIT	llnje	ld u	nt.
E,	car	TH	onrta
Z	d be	DEA	imi
PL.	houl	OF 1	TION is very important. See instructions on back of certificate.
ITE	s uc	SE	18
-WR	natio	CAU	TION
	-		_

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county XXashon aton	Registration Dist. No. 382
Village or City Ha 4 Cx 5 to wm -	No. 155 Summet St. 2 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mys Flora 13, Leigle	Y
(a) Residence: No. 155 Summit Art	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Feerale white Married.	march 17, 1937.
5a. if married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Education.	22. 1 HEREBY CERTIFY, That I attended decaased from
agon.	Max 7 ,1937, to Mass 17 ,19.3
6. DATE OF BIRTH (month, day, and yaar) Cu 24-185-8	I last saw h. 2 elive on 1142 4 6 4 , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at
24 or/_min.	were as tollows:
8. Trada, protession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ast. Co
9_Industry or business in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	Commany Corcinoma of right breast, Center.
10. Date dacassad last worked at this occupation (month and year)	Duration: slaven years.
year) Scriber 19 occupation 204 vs	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Cause Bridge	Car Cemona of
(State or country)	right breast.
13. NAME Coleman Dansond 14. BIRTHPLACE (city or town) Sharps burg	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town) Shares Dung	Neme of operation
(State or country)	What test confirmad diagnosis? Wes thera an autopsy?
15. MAIDEN NAME Warg Caret Wileur	23. It daath was dua to axtarnal causes (VIOLENCE) fill in elso the following:
2 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
m -1 -7 :10.	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANTY 18 hewis Leigler (Address) Hacking Leigler	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL TALL	Mannar of injury
Place Hayers town, Data May 1937	Natura et Injury
19. UNDERTAKER A. K. Co SS man	24. Was diseasa or injury in any way related to occupation ot deceasad?
(Address) Hanerstown. W.d.	if so, specity
20. FILED 3-18- 19376 MASH BOWN	(Signed) ap Slauff M.D.
Registrar.	(Addrass) / a get four My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Loquesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE F	OR F	URTHER	STATEMENTS	BY	PHYSICIAN

	County				ure si		Registration Dist. No. 30		
County Ashington County Village or City Lagerstown							No. Washington Co. Hospi St., 3		
							death occurred in a horpital or institution, give its NAME instead of street and numb		
	Length of raside	nca in city	or town where	death occur	rred	yrsmos	ds. How long in U.S. if of foralgn birth?yrsmos		
2	. FULL NAM	E	Still	born	1	Zum	rerman		
	(a) Residence	: No	no	one	ual place o		St., Ward.  If nonresident give city or town and State		
Street	PERSONA	LANE	STATIST				MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULAR  3. SEX  4. COLOR OR RACE OR DIVORCED (write the				5. SINGI	LE, MARI	RIED, WIDOWED,	21. DATE OF DEATH Man (Month) (Day) , 19:		
5a.	If married, widowed HUSBAND of (or) WIFE of	no divorc	ced				22 Man HEREBY SERTIM, That I attended dece		
6. I	ATE OF BIRTH (m	onth, day,	and year) M. 8	arch	719	37			
7. A			Months	D	ays	If LESS then	to have occurred on the data statad above, atm.		
	Still		born			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:		
Z	8. Trede, profess kind of wo SAWYER, E	on, or par k done, a	ticular s SPINNER,	none	2		SIO		
PATION	9. Industry or bu			110110			of two vacas		
$\supset$ 1	Work was o	one, as SI	LK MILL,		non	e			
000	10. Date deceased this occupa year)	tion (mont	th and	ne	spen	me (years) t i n this pation			
12.	BIRTHPLACE (city (State or count		Hage	rstor	/p!	nd.	Ochiner of the form b Caccar		
HER	13. NAME Ea:	rl Z	immerma	an			me two to mother ust		
FATH	14. BIRTHPLACE (city or town) BigFool						What test confirmed (Gross Q Can Was there an autor		
HER	15. MAIDEN NAM	E (	Grace	Geri	ish		23. If death was due to axternal causes (VIOLENCE) fill in also the following:		
MOTH	16. BIRTHPLACE (	city or tow		lliam			Accidant, suicide, or homicide? Date of injury  Where did injury occur?		
17.	INFORMANT	larl	Zimme				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATIC		MOVAL			1.01	Mannar of injury		
	Place	llli	anspor	LDate	Marg	h8, 19	Nature of injury		
19.	UNDERTAKER(Addrass)	En	Mila	Le	Stor I	VUS	24. Was disaase or injury in any way related to occupation of decaased?		
	FILED 3 - 8	-	37 67	carlo	475	reces 17	(Signad) (Signad)		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	